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## ORIGINAL CONTRIBUTIONS.

*Remarks on the General Treatment of Strangulated Hernia, with the report of two cases. By A. FISHER, M. D., Chicago. Read to the Chicago Medical Society.*

The principal indication in the treatment of strangulated hernia, is the reduction of the protruding viscera, or whatever the hernial sac may contain.

In order to accomplish our purpose successfully, it is necessary to understand as clearly as possible, the condition of the parts concerned in forming the hernial tumor, in the particular case.

We should ascertain whether the hernia is recent or of long standing, whether it has usually been reduced without difficulty, if indurated and painful, how long it has been so, also the state of the system, pulse, &c. By obtaining a perfect history of the case, we are enabled to proceed more judiciously in the treatment of it, and we can judge better how long it will be safe to continue our manipulations for reduction, before resorting to an operation.

Should there be no induration or tenderness of the hernial tumor, we can make a trial for reduction at once; by placing the patient in the best position for relaxing the abdominal muscles as much as possible. Then by carefully manipulating the neck of the tumor with one hand, whilst steadily and firmly pressing with the other, in accordance with the case, we may sometimes accomplish our object. But without previous preparation we are often foiled; if so, we should lose no time in properly preparing the patient for a thorough trial.

In a majority of the cases, cold applications to the tumor will be of great service in relieving the pain and preparing the parts for reduction. For that purpose, I have been in the practice of applying ether, so as to keep up a constant evaporation, and have been much pleased with its effects; usually in less than an hour after applying it, the tenderness and pain subsides, cold produced by pounded ice may be equally beneficial, but I have succeeded so well with ether, that I have never used it. By whatever manner we make use of cold, it acts beneficially by condensing the gases, and constringing the vessels, thereby preventing or subduing congestion, and inflammation of the parts, though in cases where the constitution is feeble, the circulation languid, and gangrene is feared, it is not always safe to apply it. As a general rule, when cold applications are uncomfortable to the patient, and they do not lessen the pain and tumefaction, they should be discontinued, and warm or hot fomentations used in their stead, but the change should not be sudden, for reasons too obvious to mention.

In a practical point of view it is well to recollect that strangulation generally occurs, either by actual constriction of the protruding parts, producing inflammation, congestion and swelling, and consequently strangulation; or the inflammatory process may first commence in the viscera contained in the hernial sac, causing the parts to swell, thereby producing strangulation by pressure on the walls of the opening.

In the former case our resources are limited, for it is difficult to reduce the inflammation when we cannot relieve the stricture that caused it, but in the latter, if we can reduce the inflammation we remove the cause, and reduction is generally easily accomplished.

Should we become satisfied that strangulation was caused by the stricture, it would be necessary to resort to an operation earlier than otherwise, for the prospect of success by taxis in such cases is small.

Complete anesthesia is undoubtedly beneficial in relaxing the system, when there is no inflammatory action. But when

the pulse is frequent, hard and wiry, with evident signs of active inflammation by whatever manner caused, the tincture of *veratrum viride* given in full doses, is without doubt a remedy of great value, with it we can control the circulation and completely relax the system, consequently prevent or relieve the inflammatory condition, and bring the parts into the best possible state for reduction. I have never had occasion to try the *veratrum* in cases of this kind, but from its *modus operandi*, I believe that we can accomplish with it, all, or more than we can by bleeding, emetic tartar, or tobacco injection, and the system will be left in a much better condition when the effects of the remedy pass off, than it would be after using the remedies above named.

Opium or morphine in full doses, in conjunction with, or following the administration of the tincture of *veratrum viride*, is without doubt a valuable remedy to allay pain and irritation and restore the circulation to its normal standard.

When the system is properly prepared for reduction, we should lose no time in making judicious taxis, according to the indications in the particular case, we should always be sure that we are making pressure in the right direction, and that we do not injure the parts, by continuing our efforts too long without intermission. If proper treatment has not been neglected until organic lesion has commenced, reduction can generally be accomplished. Though there are cases which cannot be reduced without an operation, by any art or skill, even when there are no adhesions. A case of the kind I once witnessed, and will here relate it.

The patient, a man about sixty-five years old, of German descent, had been troubled with a large scrotal hernia for more than twenty years, little or no attention was paid to it, generally it would come down during the day and return at night; finally it remained in the scrotum most of the time. After a while it began to be painful and the patient tried numerous times to reduce it, but failed; he then sent for his son, who was a well educated physician, and he made judicious efforts to return it at different times, for two or three days, but did not succeed, and as inflammatory symptoms began to super-

vene, he sent for me to operate. I found a scrotal hernia on the right side, as large or larger than my fist, it was not very tender on pressure and the case was quite chronic, and as the constitutional symptoms were not urgent, I proposed a trial for reduction before operating; the doctor thought it useless, but consented that I should make a trial. My efforts at reduction being unsuccessful, we proceeded to operate, by making a longitudinal incision through the integuments the length of the tumor. I then carefully dissected down to the sac and divided the stricture exterior to it, and made efforts for reduction without opening it, but did not succeed; upon laying open the sac, I found a number of coils of the intestines protruding which were a good deal congested, though there were no adhesions or signs of gangrene, but they were much distended with gas and their contents. The coils of intestine were so twisted and tangled at the neck of the tumor, and the parts were so swollen, that it was very difficult to return them, even when we could see just how to manipulate. It was only with great care and perseverance that we accomplished the reduction, although the opening was large. In this case the strangulation was occasioned principally, if not entirely, by the twisting of the neck of the hernia upon itself, perhaps caused, or at least made worse, by the long continued efforts at reduction.

The patient was comfortable after the operation, the wound healed kindly, and the operation was successful.

We learn by this case that hernia is not always reducible without an operation, when the opening is large and there are no adhesions, also the necessity of being guarded in our prognosis in all cases, for in fact we are never sure of reduction, until it is accomplished.

Should the taxis succeed, the patient ought to remain in a recumbent position and be kept perfectly quiet until all inflammatory symptoms have subsided, and a truss or bandage should be properly applied to prevent a return of the difficulty. The bowels should not be disturbed by cathartics for a number of hours after reduction, for that portion included in the stricture usually remains partially paralyzed for some time after it has been returned, impairing the peristaltic motion, so



that the contents of the bowels above might be arrested at that point, and produce inflammation. When the taxis with all our auxiliary means have been fairly tried without success, we should proceed unhesitatingly to operate immediately, and not defer, and hope against reason and common sense, until the time for a successful operation has passed. Surgeons generally agree that error is more frequent by delay, than precipitancy, however that may be, it is certain that many persons lose their lives by strangulated hernia, that in all probability might have been saved by a timely operation.

Occasionally we are not called to see cases of strangulated hernia until the time for any attempt at reduction has passed, and gangrene sloughing, or other organic lesion has already taken place. What are we to do in such cases?

I would say by all means operate, unless the patient is in the last stages of collapse, for without an operation death will surely be the result, and by it we may perhaps prolong life for a short time, with the possibility of making a permanent cure, especially in chronic cases.

In illustration of the recuperative powers of nature, when properly assisted, and to show the propriety of operating in dubious cases of strangulated hernia, I will read the notes of an interesting case which occurred in my practice a number of years since, as it has never been published.

Mrs. Shoub, a German lady, about 60 years old, of a bilious and nervous temperament, with a good constitution, had been afflicted with femoral hernia for about fifteen years, but had never suffered much inconvenience from it until about a week before I saw her, which was December 28th, 1841.

For the previous week she had been treated by a homœopathist, who not understanding her case, tried to move her bowels by little pills, and not succeeding, gave a full dose of calomel and jalap, which of course only added to her suffering, without producing the desired effect.

Upon examination I found a tumor in the left groin about the size of a hens egg, colour natural, but quite tender on pressure, could feel indistinct fluctuation. I made no effort

to reduce it, for the reason that it had not been returned for the past year, and fearing from the constitutional symptoms that much pressure might rupture the protruding intestine. Her tongue was dry and red, pulse 130 small and weak, extremities cold and clammy, nausea with occasional efforts to vomit, urine dark and small in quantity, bowels somewhat disturbed and very tender on pressure, particularly in the iliac region; finally she had every sign of gangrene, or sloughing of the hernia.

It was then about 2 o'clock in the morning, and as I resided about 6 miles from the patient, I prescribed a full dose of morphine to be repeated in 3 or 4 hours and left her, stating to her husband and friends the nature of her case, that nothing but an operation would save her, and I feared it too late even for that to be successful, but told them if she was no worse by day light, that I would operate, if they wished me to.

I was informed early in the morning, that she was better, and requested to see her and operate if necessary. I immediately left, taking with me my partner Dr. Warner, and invited Dr. Armstrong, whose residence was on our way to assist us. We carefully examined the patient, and found no material alteration in her condition since I left her. I again stated to the patient, and her husband, the probable result of an operation, viz: that she might die in spite of the operation, and if she did survive it and recover, the contents of the bowels might pass out of the wound, and that she would then have to suffer the terrible affliction of an artificial anus, but that death in a short time would surely be the result, without it. Notwithstanding our unfavorable prognosis, they consented to the operation.

After placing the patient in a proper position, and getting in readiness, I commenced the operation, by making a longitudinal incision through the integuments about 4 inches long, then carefully dissected down to the sac, which was thickened and contained about 2 ounces of dark colored serum. The hernia consisted of a portion of the small intestine, protruding about an inch and a half through the opening. It was of a very dark purple color, and appeared to be thickened and softened, with strong adhesions of long standing.

I carefully introduced the point of my finger on which I guided my bistory and divided the strictures, and the severe pain was at once relieved.

We made no attempt to return the intestine but drew the edges of the wound together partially, though not so close, as to prevent the passage outwards of the fæces should the intestine slough which we were confident it would do in a short time. The patient was much relieved by the operation, but then even evident signs of peritonitis still remaining, indicating alterative doses of calomel combined with opium, which were given, with the application of mercurial ointment externally. The next day, 24 hours after the operation, I saw her again, and just before my arrival the protruding portion of intestine gave way, and the contents of the bowels above passed freely through the opening, giving great relief to the patient, pulse 120, tongue more moist, bowels less tender; continued nearly the same treatment for 3 or 4 days, when a slight mercurial impression was obtained, and the inflammatory symptoms pretty much subsided. I then made a thorough examination of the parts, and found that the protruding intestine had entirely sloughed away, that the intestines were firmly agglutinated together and to the walls of the abdomen, completely preventing the fæcal matter from passing into the peritoneal cavity, I could see the contents of the bowels above passing out of the intestine, I finally discovered another opening into the lower portion. I then drew the wound together closely with adhesive straps, in hopes by doing so, to get a passage through the entire intestinal canal, but left directions to remove the straps, and let the accumulations pass out, should there be much pain and pressure. The plasters had to be removed once only, and in the course of two or three weeks from the time of the operation, the passage was completely established without any obstruction.

We then carefully pared the edges of the wound, and brought them together and confined them with sutures and adhesive plaster, giving opiates at the same time, to keep the bowels quiet, thereby preventing accumulations from inter-

fering with the healing process. Nothing passed from the wound, after it was brought together, and in 3 or 4 days it was entirely sound, and she recovered rapidly without further treatment.

I saw the patient about ten years afterwards, her health had been good ever since the operation, she had never had any soreness or difficulty with the wound, or taken a dose of medicine, she was then nearly 70 years old.

The happy result of the above case, was quite unexpected, after I found that the adhesion prevented the contents of the bowels from passing into the peritoneal cavity, my highest aim was to prolong the life of the patient by an artificial anus. I might even say that after the passage was fully established, and the wound completely healed, I did not expect the cure would be permanent, for I still feared that the feces would collect in the space intervening between the upper and lower portions of the intestines, producing pain, irritation, and ulceration, forming an abscess consequently establishing a permanent opening.

I have said nothing, as you will perceive respecting the manner of proceeding in the reduction of the different varieties of strangulated hernia, or on the various modes of operating in particular cases, for it was not my intention, my principle object being to show the necessity of proceeding with energy, carefully watching the patient, so as to be in readiness to take the advantage of the best opportunity for reduction, and then should our efforts be unavailing, to be prepared to operate in time to save the patient.

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**CASE—***Illustrating Evil effects of Veratrum Viride.* By E. S. McINTIRE, Dallas City, Ills.

On the 31st of January last, Dr. T. C. Patterson and the writer, were requested by Dr. Newton of this place, to see his child Hattie, aged three years; we found her suffering from active inflammation of the parenchyma of the right lung; pulse 120, countenance flushed, breathing not much accelerated.

The doctor has been administering Syr. Scil. Com. sufficient to produce slight emesis, and as he said, improve the expectoration; we continued the syrup with the following:

R Hyd. Chlo. Mit. gr. X.

Div. Chart, No. V. S. One every two hours.

Feb. 1st. No improvement, bowels more freely during the night; pulse 130 full; cough dry and annoying; ordered the following:

R Tinc. Verat. Viride,

Syr. Scil. aa ʒ j.

Mix. S. Begin with two drops every three hours, increase one drop each dose.

Feb. 2nd. Pulse down to 70, vomiting had taken place before daylight this morning, countenance pale, pupils dilated, with the most alarming dyspnea, gave brandy with

R Pulv. Doveri,

Quinine Sulph. aa. gr. i.

to be given every two hours.

Afternoon. Dyspnea much relieved, arterial excitement appearing again, resumed again the Veratrum Viride as before.

Feb. 3d. The alarming respiration of the day before, again returned as soon as the characteristic effects of the Veratrum were manifest, and on its discontinuance was again left in good order. The case was further treated without the use of the Veratrum, and without any return of dyspnea.

Dr. A. Hard, of Aurora, in the "Report on the Medicinal Uses of Veratrum Viride" to the State Medical Society at its meeting 1860, says: "Veratrum promotes the secretions from the skin and mucous membranes, and from this cause emetic doses may be dangerous, particularly to young children. The secretion from the bronchial mucous membrane being so great as to produce suffocation."

On this principle we account for the alarming symptoms in the case reported here, and caution all persons to observe the working of this potent, though excellent, remedial agent, especially in its administration to those of tender years.

DALLAS CITY, *March 12th*, 1861.

## CLINICAL LECTURE IN MERCY HOSPITAL,

APRIL 2, 1861.

ON CHRONIC GASTRITIS, POST-MORTEM APPEARANCE, INFLAMMATION OF THE  
KIDNEYS, ETC.

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By N. S. DAVIS, M. D., Prof. of Clinical Med., Etc.

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GENTLEMEN:—At the last clinic hour, your attention was occupied chiefly with a case of chronic inflammation of the mucous membrane of the stomach, coupled with indications of incipient tuberculosis. We then not only stated the symptoms of the disease as illustrated in the patient brought before you, but we alluded also, briefly, to the diagnosis between it and the different varieties of cancer on the one hand, and mere functional derangement of the stomach, on the other. We reminded you that chronic gastritis is generally characterized by a distinct burning, smarting pain, increased by food; frequently the rejection of the latter by vomiting, in a sour or acrid condition, or mixed with mucous; acceleration of the pulse; some tenderness of the epigastrium; the tongue red, sometimes smooth and glossy on its surface, at others fissured and tender; the bowels generally inactive though sometimes relaxed, with apthous sores in the mouth. The urine is in most cases scanty and high colored, and the emaciation progressive. We reminded you that these symptoms differed from those of simple functional derangement of the stomach in several respects. They are more constant or uniform from day to day, while functional derangement is seldom accompanied by either redness of the tongue, acceleration of the pulse, or any considerable emaciation; and if tenderness of the epigastrium exists, it is only for a day at a time, while the distress from food is rather a load or weight with gaseous eructations, instead of burning, smarting and vomiting, as in inflammation. The differential diagnosis between chronic inflammation of the stomach and cancer was admitted to be more obscure and difficult to define; so difficult indeed that the experienced are sometimes left in



doubt. We reminded you, however, that the symptoms of cancer usually commence much more gradually and obscurely than those of chronic inflammation.

There is for a long time less alteration of the pulse, less redness of the tongue, less thirst, while the emaciation is accompanied by that mixture of the sallow and anæmic hue of the skin peculiar to the cancer cachexia; and the abdomen is almost constantly sunken or empty, and the bowels costive. We have briefly recalled these symptoms, which were dwelt upon much more minutely in the preceding lecture, for the purpose of introducing to your notice some pathological specimens obtained by a recent post-mortem examination. We were called directly from the clinic, to which we have alluded, to the bed-side of a patient whom we found dying. He had the appearance of one decidedly anæmic, but was only moderately emaciated, with some anasarcaous swelling of the extremities.

His pulse was feeble and thread-like, extremities cold, breathing oppressed, in fact he seemed apparently in articulo mortis.

From his wife and friends we learned that about one year since he had an attack of fever, and during his treatment, he was severely salivated with mercurials. His general health had not been good since that time. He had been constantly more or less anæmic and troubled with indigestion. Still he had continued to attend to his ordinary duties until about six weeks since, when his food began to give him more distress, and much of it was rejected by vomiting. His strength, of course, rapidly failed, and during the last three weeks he retained neither food nor drink. He had some pains in his back and head, and œdema of the extremities. The condition of the urine could not be ascertained as no attention had been paid to that subject. The medical attendant, who was not a regular member of the profession, had pronounced the disease to be *cancer* of the stomach. But its evident beginning after the attack of fever and salivation, the persistent and active vomiting during the last three weeks, together with the œdema of the extremities and paroxysms of headache, led us

to doubt the existence of cancer, and to express the opinion that the disease was chronic gastritis, complicated with some morbid condition of the kidneys. In about an hour after this visit the patient died, and the next day we were requested to make a post-mortem examination. We complied with this request, assisted by Dr. M. O. Heydock of this city. The cavity of the abdomen was opened in the usual manner, and its viscera carefully examined. The liver was perfectly natural in size, color and structure, and the gall-bladder was moderately full of yellow bile.

The spleen was natural in color, but about one third larger than the normal size, unusually firm and dense in its structure, and on its outer or costal surface there was a spot about one inch in diameter, where, on cutting into it, the investing membrane was found to contain a true bony deposit, so firm as to resist the scalpel. Here is a portion of that part of the spleen, and by passing it from one to the other, each of you can see the change of structure, and you will observe also that the hard or bony deposit is limited strictly to the surface. The whole exterior of the intestines and mesentery appeared healthy. The only evidences of disease found in these organs were in the mucous membrane of the stomach, which is here exhibited for your examination. That part lining the lesser curvature of the stomach is intensely red, with here and there a dark spot, moderately thickened; and on close examination two or three spots will be seen abraded or deprived of epithelium. An unnatural degree of redness is also seen over that part lining the left portion and larger curvature of the stomach, but less than in the part just described.

As we approach the pylorus the membrane appears more natural, and the pylorus itself is perfectly healthy.

Thus, all the morbid appearances in the stomach are such as indicate the existence of simple chronic or sub-acute inflammation of the mucous membrane, without the least vestige of malignant or cancerous disease. The bladder was found moderately distended with urine, and the left kidney entirely natural. On lifting the right kidney from its place, it was found slightly larger and a darker red than the left; and on

laying it open, its whole texture was intensely injected with blood, forming a strong contrast when compared with the other. The specimen is here before you, and though faded some by maceration during the last forty-eight hours, yet the morbid redness is still easily recognized. The further progress of the post-mortem revealed no other evidences of disease. It is thus seen that the opinion expressed by the attending physician, that the patient was laboring under cancer of the stomach, was entirely erroneous.

The morbid condition of the spleen had undoubtedly existed a considerable length of time; probably since the attack of fever one year since. As the function of the spleen evidently exerts some influence, either direct or indirect, over the formation of red-corpuscles of the blood, its morbid condition might explain the anæmic appearance exhibited by the patient during the last six or eight months. This was also accompanied by sufficient gastric derangement to occasion imperfect and sometimes painful digestion. These embarrassments, however, were not sufficient to prevent him from attending to his duties in an active out-door occupation until four or five weeks since, when the active and persistent vomiting commenced and continued until death. This symptom doubtless marked the commencement of the inflammation which you have seen in the mucous membrane of the stomach, and the parenchyma of the right kidney. Whether the inflammation in these localities commenced simultaneously from the same general causes or not, cannot be determined with certainty by the post-mortem appearances. But I wish to remind you that there is a close relation in many cases between a morbid condition of the kidneys and gastric irritation. A case came under our care a year or two since, in which the urinary secretion was very scanty, amounting to not more than four ounces in the twenty-four hours, and highly albuminous, with general anasarca, and a profuse watery diarrhœa. These symptoms had supervened during the period of convalescence from an attack of remittent fever.

Fearing the occurrence of extreme exhaustion from the continuance of diarrhœa, remedies were administered for the

purpose of restraining it, and at the same time favoring the increased secretion of urine. But it was soon found that whenever the intestinal discharges were restrained for twenty-four hours, either active vomiting ensued or symptoms of approaching coma. This led to the suspicion that the diarrhoea was purely vicarious or the result of œmic irritation; and on applying the tests urea was readily detected in the intestinal discharges. The patient ultimately recovered under the influence of treatment for inflammatory congestion of the kidneys.

If you make the necessary inquiries you will find many cases in practice, illustrating the effects of urinary disorder on the gastric and cerebral functions. It is now well known that a large proportion of the convulsive affections, not only of puerperal women, but of children also, arise from the retention of urea in the blood.

We have found many cases of that distressing affection called "sick-headache," which had recurred again and again for a long period of time, permanently relieved by establishing and maintaining a full healthy action of the kidneys. In the case immediately before us, whether the inflammation of the kidney preceded that of the stomach, or merely accompanied, there can be no doubt but that it contributed much to increase the gastric irritability and advance the patient towards a fatal result. Yet its existence appears not to have been suspected during life. Such cases should admonish you to acquire the habit of examining all patients carefully in reference to every important function, instead of allowing the attention to be wholly engrossed with the more prominent symptoms, as is too often the case.

We shall allow you to occupy the remainder of the present clinic hour in examining the physical signs of pneumonia complicating a case of extensive tuberculosis.

## Selections.

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### INVERSION OF THE WOMB.

CASE REPORTED TO THE CHICAGO ACADEMY OF MED. SCIENCES, FEB. 1st, 1861.

BY R. C. HAMILL, M. D.

We copy the following case from the *Chicago Medical Journal*, in connection with the foregoing extract from the proceedings of the New York State Medical Society, chiefly because it so completely refutes the views of Dr. Lee, in some respects, and sustains those fully set forth by us, in the January number of the EXAMINER.—[ED.]

Mrs. C——, an accomplished and intellectual lady, in her 26th year, was taken in labor with her first child, about 12 o'clock at night, Dec. 17th, 1860. She had suffered during her entire term of pregnancy from a highly exalted state of the brain and nervous system, amounting on many occasions to absolute mania. I found her perfectly calm when I was called in at 7 o'clock the following morning—her pulse a little accelerated—80 per minute. The pains were good, occurring once in five or six minutes. The os uteri was dilated to the size of a dime, yielding readily at each pain. Her bowels had been freely evacuated just before my entrance. There was nothing in her situation to mark her case as differing from an ordinary labor under favorable circumstances, except, that I thought the antero-posterior diameter of the pelvis was slightly below the average dimensions.

There was nothing that required my immediate presence, and I left the house until half-past nine. On my return the head was found fairly engaged in the superior strait—the vertex toward the left acetabulum. At 11 o'clock the head began to press upon the perineum, which was remarkably thick and unyielding, and carried the head back promptly as the uterine contraction subsided. This state of the labor continued for more than an hour, when, after a long continued expulsive effort, she complained of pain in the head, and immediately began to talk incoherently, repeating scraps of poetry, sing songs and hymns, which were uninterrupted by the most vig-

orous pains. She had laid upon her left side, bearing all her pains in that position up to this time, but she was now uncontrollable, throwing herself about, from side to side, straightening herself, generally during the severity of the pain.

As early as ten o'clock she had desired me to give her chloroform. I declined, assuring her that she could bear her child without it—that there was nothing in her condition *then* calling for its effects, remarking that I always administered it with great anxiety, and only when I was convinced its aid was absolutely required. Under the present aspect of the case, and at the urgent wish of her husband, I concluded to give it, and accordingly ordered five or six drops on a clean handkerchief to be applied to her nose. The effect was speedily apparent, and the second portion, which was given at the next pain, produced quiet, which was kept up till the termination of the labor—from five to ten drops being given at the accession of nearly every pain. The child was born at 1 o'clock P. M.—a boy—weighing about eight pounds. On learning that it was a boy, she clapped her hands in delight and expressed the greatest anxiety to see it.

I waited, contrary to my usual custom, as long as ten minutes for the voluntary expulsion of the placenta. No uterine contraction occurring, I placed my left hand upon the abdomen and commenced gentle manipulation. In a few moments the womb contracted into a firm globular tumor, when I made traction upon the cord bringing the placenta down, so that my finger could readily reach the point from which the cord took its departure. At this point it was held. Fearing that I would break the cord, which was small and weak, I ceased traction and applied my right hand over the uterine tumor, which was distinctly felt, of a regular globular shape, through the walls of the abdomen. My hand was not laid heavily upon it, neither did I make any pressure more than what was necessary to recognize its situation, when she cried out “Doctor, there is another child coming,” and immediately began to strain violently. The uterus glided quickly into the pelvis, and she partially swooned. On carrying my hand to the vagina, which was done immediately, I found the placenta partly expelled and floating in a torrent of blood, about one-half of it still adherent to the inverted uterus. I peeled off the attached portion as quickly as possible, and grasping the inverted part, which was firmly contracted, and consisted of the body and fundus, endeavored its immediate reposition, but without success. I then tried to indent the fundus with my thumb, but could not make the slightest impression on it. Whilst the uterus was in my grasp I discovered that the walls



of the left side appeared to be softer and thinner than any other portion of it, which fact suggested the idea of beginning the reposition at that point. Accordingly, with the fundus resting on the hollow of the hand, I made pressure with the ends of my fingers upon the weakest portion of the walls of the body of the womb, indenting it and at the same time pushing the fundus upward, I succeeded, with comparatively little effort, in carrying the inverted portion to its place, the fundus being the last to reach its normal position. My hand was not withdrawn until the contraction was complete. The patient rallied speedily and asked for her child. At this time Dr. Bevan, who had been sent for, arrived, and assisted in applying compress and bandage; for whose assistance then and subsequently, I bear the most grateful remembrance. I remained with her until three o'clock. She drank a cup of tea and I left her in as comfortable a condition as the nature of the case would justify me to expect.

At half-past four Dr. Bevan met me again at the bed-side. There was more waste of blood than was desirable; her pulse was feeble—116 per minute; the uterus, well contracted, was felt in its proper situation. She had "sunk away two or three times" for a moment, during my absence, and had a similar sinking after I came in. The color did not leave her lips, or the pulse flag during the time, which did not exceed a moment. At the suggestion of Dr. B., powders of the acetate of lead and opium were ordered, to be given once in two hours until the hemorrhage ceased. Four powders only were given during the night.

Dec. 19.—We saw her at 8 o'clock. She had a pretty comfortable night; slept some. About three pints of urine was drawn off, presenting nothing unusual in its character. Pulse 100. Effervescing drinks were ordered during the day; a little dry toast and lemonade allowed her. In the evening her pulse was 120, but fell to 100 after drawing off a pint of urine.

Her husband, whose solicitude was extreme, desired me to call in Dr. Byford, who saw her about 9 o'clock P. M., and expressed himself favorably impressed with her symptoms and condition. At 10 o'clock, five grs. Dover powder and the twelfth gr. morphine were given to procure rest, and another powder left to be given in four hours in case she does not sleep.

20th.—Both powders given; had some sleep and rested quietly; pulse 125; breasts a little swollen, with increased secretion of milk; lochia natural. When the child is put to the breast, complains of uterine contraction. No coagula. At each visit the fundus was felt over the pubes.

We saw her again at 6 in the evening. There had been some febrile excitement during the day which depended upon the secretion of milk. Her body and limbs were sponged with tincture of arnica, with evident relief to the muscular soreness and numbness. An emulsion of castor oil and turpentine, with an opiate was ordered at 8 P. M., to be repeated in the morning if her bowels were not moved.

21st.—Rested well, part of the night. Her bowels not moved; oil and turpentine mixture repeated, to be followed by an enema at 12 M. 6 P. M.—Bowels had been freely moved after the enema; passed urine without the aid of catheter; complained of burning pain in the urethra, which was considerably swollen; expressed herself as feeling very comfortable otherwise; pulse 100. Dr. Bevan discontinued his attention.

22d,—8 o'clock A. M.—Her mother and brother, who had been telegraphed from a distant city, arrived during the evening of yesterday, and her father late in the night. Their presence drew too largely upon her nervous system, and I found her this morning, to use her own words, "quite miserable." Had slept very little, and since 3 in the morning had suffered with pain in her back. Her tongue was slightly coated, but not dry; some headache; pulse 120; abundant secretion of milk; lochia natural in quality and quantity; free secretion of urine; the abdomen a little swollen, with some tenderness on pressure; a burning pain in the pelvis; no unusual heat of the vagina, except along the course of the urethra, which was swollen and painful. I ordered calomel X grs., Dover's Powder XV grs., to be divided into three powders—one every two hours. A fine cloth moistened with a solution of morphine was laid upon the orifice of the urethra, and effervescing powders were ordered *ad libitum*.

Her husband, again growing alarmed, desired counsel and proposed Dr. Byford, who was sent for and met me at 12 M. Symptoms the same as in the morning; pulse increased to 128 per minute; complained of a burning pain deep in the pelvis. The opinion of Dr. B. was, that inflammation of the womb was to be feared, and that active medication to control such tendency was clearly indicated, and suggested that she should be put upon the use of *veratrum viride* immediately in full doses; accordingly *verat. virid* 3 j, *tinct. hyoscyamus* 3 ij was ordered—one teaspoonfull every six hours; and he further suggested that one grain of sulph. quinine should be given every six hours, alternating the two prescriptions; and ungt. belladonna was applied to the urethra. Turpentine and

alcohol, had been applied to the abdomen in the morning and were continued.

23d.—Had rested better; very little pain anywhere; pulse 115. 12 M.—Met Dr. Byford at the bedside; pulse 110; general modification of all the symptoms; treatment continued, veratrum viride and quinia at increased intervals, once in eight hours each. Citrate of magnesia to move the bowels.

24th, 12 M.—We found her very comfortable, without pain anywhere; the bowels had been freely moved; pulse 80 and soft. Her case required little further treatment, and she is at this date, February 1st, 1861, enjoying uninterrupted health.

So much interest has been elicited on the subject of inversion of the uterus since the Fisher-Stone trial, that I have been induced to give a more minute history of this case and its attendant circumstances, than otherwise might have been deemed necessary. I have been practicing medicine for nearly 25 years, and have had a good proportion of obstetric services to perform during the greater portion of that time. This is the first and only case that has occurred in my hands, and it has induced me to modify my opinion in relation to the occurrence of that accident.

In this case the inversion could not have been prevented by any ordinary precaution—the eccentric state of the organ could not be discovered by any of the usual rules that govern the conduct of an accoucheur.

In the first place, we have an adhering placenta, large, filling the relaxed neck of the uterus; second, the walls of the body of the organ, weak and thin, at least on one side, with slight contraction: third, the fundus firmly contracted. With this condition of the parts, an expulsive effort could scarcely fail to carry the fundus through the unresisting body and neck, and eventuate in partial or complete inversion. Nothing but support from within, by the hand of the accoucheur, could have prevented, I am convinced, in this instance, the occurrence of this accident. Many of the cases attributed to unwarrantable traction upon the cord, and resulting to the serious prejudice of the attendant, may have depended upon the same, or a similar cause—the accoucheur as innocent of the result as the infant that has just been ushered into the world. The error consisting, not in the occurrence of the accident, but in the failure to recognize, and at the moment reposit the inverted organ.

EXTRACTS FROM THE PROCEEDINGS OF THE NEW YORK STATE  
MEDICAL SOCIETY,Published in the *American Medical Times*,

## DISCUSSION ON INVERSION OF THE UTERUS.

We quote the following discussion, partly for its intrinsic value, and partly for the purpose of correcting some errors of fact alluded to therein. For instance: the reader will see that Dr. C. A. Lee, in his remarks alludes to the case of Fisher vs. Stone, which was tried in this city, and assumes that the patient, Mrs. S., had "*oft-repeated hemorrhages during all that interval*," of thirty or forty days intervening between the confinement and the discovery of the inversion.

And on this assumption, he distinctly charges that Dr. Fisher "*was guilty of neglect to his patient in not making an examination sooner to find out the cause of the hemorrhage.*"

Dr. Lee not being present at the trial, and the testimony in relation to the facts of the case of Dr. Fisher having never been published, we are at a loss to know on what authority he states that "*oft-repeated hemorrhages*" occurred during all the thirty or forty days. We cannot help thinking that every rule of propriety, forbids the attempt to censure a physician publicly and in print, especially under circumstances when he has no possible chance to defend himself, except on reliable and well established evidence. But so far from the allegation that "*oft-repeated hemorrhages*" occurred during *all* the thirty or forty days spoken of, being an established fact; it was an allegation positively denied by unimpeached and unimpeachable testimony on the trial. Hence, we feel called upon to say, that the remarks of Dr. Lee, in the New York State Medical Society on this point, are not based on sufficient evidence, and are therefore unjust to an intelligent and honorable member of the profession.—[ED. EXAMINER.]

Dr. A. Van Dyck read a paper entitled "Inversion of the Uterus," which elicited the following discussion:

Dr. Quackenbush stated that a very interesting case of the

sort came up for trial in Chicago not long since; the physician, Dr. Fisher, being charged with malpractice. It seemed that not until three weeks after the confinement was anything of the kind noticed, and the parts were not replaced until three or four months had elapsed. The jury came to the conclusion that the organ became gradually inverted, and after remaining in the vagina all that time, finally passed out. The case was decided against the physician, notwithstanding, it was proved that the vagina was at that time so far unoccupied as to allow the passage of a large syringe into it for the purpose of injection. The nurse also affirmed that the uterus was firmly contracted after delivery.

Dr. Thorne mentioned a case which occurred to him some years ago. He was consulted by a woman lately from England, who presented between her thighs a tumor covered with a cuticle, resembling the skin in appearance. She stated that she had been afflicted by its presence for a number of years, but desired treatment more particularly at that time in consequence of the presence of a troublesome ulceration upon its surface. After very careful examination the tumor was decided to be an inverted uterus. Dr. Blatchford also saw the case, and upon consultation it was deemed best to attempt a reduction, which was effected without much difficulty. In answer to Dr. Quackenbush he stated that there was some dimpling of the organ.

Dr. Quackenbush referred to a case of inversion seen by Dr. White, where, after an existence of thirteen years, reduction was effected. He thought that in all cases of inversion restitution took place at the os, and continued from below upwards, instead of by simple dimpling of the fundus.

Dr. Van Dyck thought that some distinction should be made between recent and old standing cases, inasmuch as in the latter instances it would be almost impossible to produce that dimpling. In his case he tried to shove up the organ with his whole hand, but could not succeed. He then lengthened out the finger, soon the dimpling came on, and the organ was replaced. In some of these he thought that dimpling was a matter of necessity.

Dr. Blatchford stated, that soon after seeing the case with Dr. Van Dyck, he dined with Dr. Wing, who stated that he had seen just such a case, and reduced it in the same way.

Dr. Quackenbush in answer to an inquiry from Dr. McNulty, stated that he did not believe inversion could take place unless the body of the uterus has been previously filled, either by a fetus or a tumor. The uterus in its normal state had too small an amount of muscular fibre to render any such

effect possible, and, besides, the cavity of the organ was so small that there was very little or nothing to be inverted.

Dr. McNulty asked Dr. Q. if he believed any predisposition ever existed in any given case, and whether inversion might not take place, independent of any mechanical cause?

Dr. Quackenbush.—I do not think that that question has been much studied; the impresson is, whenever we have these cases of inversion, and when we can't apply a better reason, that there is a predisposition. Authors state this to be a fact, but what they mean by it, it is hard to tell. My impression is that inversion takes place sometimes without any mechanical cause. It has been generally supposed that injudicious treatment could only produce it, yet we find such a state of things occurring occasionally in the practice of the most scientific obstetricians, when there has been no drawing upon the cord whatever, and sometimes in fact, before there has been any endeavor on the part of the obstetrician to remove the placenta at all. In some cases you draw very lightly upon the cord and the womb becomes inverted, while in others you may pull with a great deal of force without producing the accident. In order to explain this, it is necessary to assume that some pathological condition, which we call a predisposition, exists in one instance and not in another.

Dr. Van Dyck asked Dr. Q. if there was any such thing as a gradual inversion, remarking that such was the doctrine taught in the books.

Dr. Quackenbush said that a great deal was taught in the books which was absolutely wrong, and in the matter of inversion, this was especially the case. He maintained that in cases of inversion, the succession of events was generally so rapid, that it was impossible to form an idea exactly how it took place. He remarked that bookmakers were too apt to follow implicitly the assertions of those who had preceded them in the task, without stopping to inquire the foundation for such assertions.

Dr. Brinsmade asked Dr. Lee to favor the Society with a few remarks upon the subject under consideration, but there being little time left in the morning session, it was agreed to assign to Dr. Lee the first part of the afternoon session.

The Committee on Credentials made a partial report, after which, on motion of Dr. McNulty, the meeting adjourned until 3½ p. m.

#### AFTERNOON SESSION.

The meeting was called to order by the President, Dr. Jones, when the minutes of the previous meeting were read by the Secretary, Dr. S. D. Willard, and approved.



Dr. C. A. Lee said:—I do not claim to know much more on this subject of inversion of the womb than the profession generally, and the reason why I have been called to make some remarks upon this occasion is, owing to the fact that a paper was published by me in the October number of the *American Journal of the Medical Sciences*. I was led to study the subject, as I was called upon to make a deposition in the Chicago case in which there were fifty questions put to me. I found quite a large number of cases scattered through the books; I collected about two hundred, and made an analysis of one hundred and forty-eight. I do not claim to know very much of the subject from practical experience. I presume there are physicians in this room who have been in midwifery practice all their lives, and yet have never met with a case. It is well known in the London and Dublin Lying-in Hospitals that out of 40,000 cases of delivery, not a single case of inversion has occurred. I infer from that fact, that this accident does not often occur in the practice of physicians well acquainted with the science of midwifery, and that it is due to carelessness and inattention on the part of the attendant: I will not say want of skill, because a sudden issue may take place and the womb become inverted before we suspect any danger. We know that this happened to Professor Dewees, and with that ingenuousness which was a characteristic of the man, he relates how, in attending a case, before he suspected that anything was going to happen, the placenta came down adherent to the fundus, that the womb was inverted, and then he goes on to describe how he replaced it. You will find that Dr. Ramsbotham also describes a case which occurred in his practice which he thought was owing to negligence on his part. There is a belief which is very prevalent in the profession, that when the womb is inverted and placenta adherent, it must make its appearance externally. This I believe to be a mistake; certainly after the placenta is separated there is no room in the vagina for the womb to remain without being visible externally. In a letter from Professor White, of Buffalo, which I have received within a few days, he describes a case where he found the uterus in this condition.

In regard to the manner in which this takes place, I consider it rather a matter of theory. No man has ever observed it, for if he had been watching for it, it would not have occurred. Some say it is due to irregular contraction; some say, with Dr. Quackenbush, that evolution commences first at the neck of the womb; others say that the fundus is dimpled and gradually projects downwards, until at length the womb takes the alarm and begins to expel the fundus exactly as it

would a foreign body. That I believe to be the way in which it generally happens. I don't believe in this evolution at the neck. To say that such a tissue can take on contraction with such a small amount of muscular fibres, so as to invert it, is absurd; however, it is a matter of pure theory. Not exactly all theory either, because you find in two cases which are quoted by Dr. Dewees in his midwifery, where the womb had been inverted, that the physicians replaced it, and suddenly as he withdrew the hand the fundus followed it down and came out externally. He then pushed the fundus up and tried to retain it there, but every time he withdrew his hand the womb came down. He thus observed that the process commenced at the fundus and not at the neck. Here, then, we have two or three actual observations to base against the theory advanced. I doubt very much whether it can be accomplished by irregular contraction. I believe that in order to invert the womb, the placenta should be adherent, the uterus relaxed, and that there should be a strong abdominal nismus, when the placenta will drag down the fundus.

Now, in regard to this case at Chicago. It is a remarkable fact that we have no instance of a medico-legal record of any such case. (The Dr. then read an abstract of the case as published.)

Now, gentlemen, in regard to the defence in this case, it was thought that the inversion took place gradually; that there was a slight dimpling of the fundus which slowly increased, and in the course of thirty or forty days the uterus turned itself inside out. The inversion occurred rather suddenly. The physicians then made the examination for the first time after her delivery, notwithstanding, there had been oft repeated hemorrhages during all that interval. Dr. Potter was afterwards consulted, who did not give a very favorable opinion of the case. Dr. Fisher heard of it, and immediately commenced a suit for slander. Mr. Stone, the husband of the lady, employed two lawyers, who proposed that Dr. Fisher should leave the case in the hands of three medical gentlemen. This proposition was not acceded to; the suit was commenced; the damages were laid at \$20,000, and the case was decided against Dr. Fisher. I gave my deposition to the effect that it was not a case of gradual inversion, but that the occurrence took place at most the first or second day after delivery, and that the Doctor was guilty of neglect to his patient in not making an examination sooner to find out the cause of the hemorrhage.

In conclusion, I will allude to two or three results which I have deduced from the statistics. In regard to inversion of

the womb I have shown that in sixty-two cases where the cause was assigned, thirty-nine are stated to have occurred from pulling on the cord, and I believe with Dr. Lee, of London, that this is the most frequent cause of the difficulty, especially in case the placenta is adherent. In twenty cases out of one hundred and forty-eight, labor was natural and slow, but in the majority there were symptoms of uterine exhaustion. That is another of the circumstances which I believe favors inversion. The womb is like a wet rag, and falls downwards from the mere weight of the fundus, and not by contraction of the neck. Dr. Lee, of London, says that inversion is frequently, if not invariably owing to pulling of the cord before the uterus has had time to contract. Now you hear a great deal of spontaneous evolution, when it has occurred without interference on the part of the attendant, but this I believe is very seldom the case. I do not say that it is an impossibility; but when such a case turns out, you may depend upon one thing, that is, that it commences at the time of delivery. Nor is the inversion gradual; it probably happens the first day after delivery. This was in all probability the fact in the case reported this morning; the inverted womb remained in the vagina, which, having just previously passed a fetus, was ample enough to contain the displaced organ without having it appear externally. This point caused a great deal of discussion at Chicago, and it was contended by many, that because the uterus did not appear externally, therefore the inversion did not take place at the time of delivery. I will relate a case which occurred to me recently. I was called to a lady who had been out of health for twenty-five years, and during that time she consulted a dozen different physicians. Since the commencement of her illness she had been suffering from repeated hemorrhages, which left her in a very anæmic condition. At the time of her delivery, twenty five years ago, the midwife who attended her, used a good deal of force in taking away the afterbirth. I examined her at once, suspecting that something was the matter with her womb, either polypus or inversion. I passed my hand up and felt a body hanging down like a fibrous tumor attached to the fundus, but I did not make up my mind as to its precise character. On examining again, however, I ascertained that the womb was inverted. I wrote to Dr. White a history of the case, and asked his opinion, she being at the "change of life," whether he thought the hemorrhage would cease after that period. The Doctor thought that the flow would not be checked by delaying, and advised me to attempt a reduction. I, however, did not follow his advice. The "change of life"

brought with it a stoppage of the hemorrhage, and for the last two years the woman has enjoyed very good health. The anaemia was removed by diet. A very important inference can be drawn from this case in reference to the influence that may be exerted by the cessation of the menses. None of the physicians who had previously seen her, had made an examination to ascertain the source of the hemorrhage.

In the one hundred and forty-eight cases, the uterus was repositied in fifty-one, and three are recorded by Meigs as cases of spontaneous involution. I think Meigs made a mistake in the diagnosis; such mistakes have been made by as great men as he, by Baudelocque, Sir Charles Bell, Rigby and others. In most of the cases the placenta was separated before it was replaced. I will not detain you to speak as to whether the womb should be reduced with the placenta adherent or not; the course to be pursued must depend on circumstances. There is but one fact which I have proved, and which will, no doubt, be interesting, that is, that it is not a dangerous operation to remove the inverted uterus by ligature. I, myself, was certainly astonished to find how large a proportion of the cases recovered. In thirty-two cases, only four proved fatal. These are all well attested cases; the name of the author is given, and there can be no doubt as to the correctness of the diagnosis in each instance. The operation of excision is more dangerous than that of ligature. Out of fourteen cases in which this operation was performed, four died. In a case of long-standing, I think I should prefer the ligature to manipulation, that is to say, if the patient was past the child-bearing period.

Dr. Quackenbush.—In rising to reply to some of the remarks of Professor Lee, perhaps I should offer an apology to the Society for trespassing so often on its time and attention in the discussion of this, to me, highly interesting subject. And yet, when I remember that I occupied the floor in replying to certain interrogatories proposed to me, I am the more ready to believe that the Society will pardon me if I again express my views in elucidation of some of the points to which the Professor has alluded. The subject of Inversion of the Uterus has lately attracted considerable attention in this country and in England, and its treatment seems now to be generally well understood. The cause of the difficulty, however, is not so definitely settled, and the *manner* of its occurrences is enveloped in much doubt and obscurity. It has generally, I might say universally, been supposed that the uterus become inverted by a depression of its fundus, that at this point there is an indentation which becomes larger and

larger, and finally the whole organ turns inwards upon itself and becomes entirely inverted. This view is adopted by Professor Lee. I suggested, in a report read before this Society one year ago, another mode, namely, that the inversion of the organ commenced at the neck instead of the fundus—this the Professor characterizes as impossible; nay, as absurd! Upon this point, Mr. President, I take issue with my learned friend. Every gentleman present knows that if you place the hand on the abdomen of your patient shortly after the birth of the foetus and placenta, the fundus feels hard and firm; while, if an examination be made *per vaginam*, the neck will be found to be flaccid and relaxed, and you can hardly tell where the vagina terminates and where the womb commences; and let me inquire, is not this the very condition we would expect to find if the inversion commenced in the manner indicated? But that I may be better understood, and that I may the better maintain my position, allow me to explain more fully the manner in which I think it occurs. It is well known that there are two layers of fibres in the uterus, one the circular or horizontal, the other the longitudinal layer; the former encircling as a band the os and cervix uteri, while the latter extends from this band and passes over the fundus of the uterus. When labor commences and proceeds, both these layers contract, but after a time the circular fibres yield to the more powerful action of the longitudinal, the os uteri opens, and the vagina and uterus become one continued and regular canal. The organic contractility continues, and the organ is freed from the uterus which it contained. Another contractility now comes into play. This is the contractility of the tissue, a property by which the womb, after having been emptied, returns gradually to its former state, and thereby has its cavity nearly obliterated. Now, at this stage there may be irregularity of contraction. The circular fibres, constituting a sort of sphincter muscle of the womb, are relaxed and form no firm attachment for the longitudinal fibres. The longitudinal fibres, which may represent so many columns resting on this circular band as a foundation, contract, and, having no support, they begin to yield from the bottom, evolution takes place, the neck doubles in upon itself and passes through the os, the body follows, and, finally, the fundus, dragged down upon the body, preserves the same course, and we now have a complete inversion; the fundus being the last portion inverted, instead of the first, as has been generally, or I may say, universally admitted.

Before leaving this point, I would state that I am not alone in my opinion in regard to this manner of evolution, for I find

that Dr. John Delamater, who has had a very extensive practice, entertains the same views, and has made them public in a letter, written in April last. Allow me to read one paragraph. "The thought that inversion may, though rarely, perhaps, commence at the neck of the uterus, rather than at the fundus, does not appear to me to have occurred to any one but myself, and yet it is so clear to me that it must sometimes be so, that I have been compelled to argue the point" at much length. Mr. President, this manner of inversion seems not only plausible but extremely probable. True, all authors who have treated the subject teach differently, but what is the reason? They have seldom, if ever, seen the accident; their attention has not been particularly drawn to it; and hence they have adopted this universal notion, which, in my opinion, is as erroneous as it is universal. If then this be the manner in which *inversio uteri* occurs, what is the cause of it? I consider it an irregularity of action, and by this term I do not mean an undue action of some of the fibres of the body and fundus, whereby a portion is drawn down or depressed, but a *want of correspondence* between the muscular action of the neck and the body of the uterus, in which there is a complete atony of the muscular fibres of the neck, which is consequently soft and yielding, and a partial action of the fibres of the body and fundus, sufficiently strong to draw it down through the patulous mouth of the womb, but not active enough to detach the placenta, which we usually find adherent. Here, then, we have an atonic and patulous condition of the os and cervix uteri, affording no impediment to the protrusion of the body and fundus, which is drawn down by the slight muscular contractions, by the traction on the cord, by the weight itself of the fundus with the placenta attached, or perhaps pushed down by the superincumbent mass of intestines, aided by the contraction of the abdominal muscles. I am led to this conclusion by the fact that in numerous cases of this character the placenta remains attached to the uterus, not only after it is inverted, but even when it has protruded through the vulva, which would not be the case if the action had been excessive, for the contractions, violent enough to produce this inverted condition of the organ, would certainly be sufficiently powerful to detach the placenta.

There are other points, Mr. President, which I would be pleased to discuss, as the subject is full of interest, but I do not feel at liberty to take up any more of the time and the attention of the Society at this session.

On motion, the meeting adjourned until 10 A. M. on Wednesday morning.



# SOME OBSERVATIONS

ON THE TREATMENT OF THE

## NARROW AND IRRITABLE STRICTURE OF THE URETHRA.

By D. D. SLADE, M. D., one of the Surgeons of the Boston Dispensary.

I propose to offer to the Society some practical observations upon the introduction of instruments in cases of narrow and irritable stricture of the urethra, more particularly for the purpose of relieving retention of urine. Much as has been written and spoken upon this subject, it is one, the important practical bearing of which will admit of its being frequently brought before us; for in our community especially, every medical man is liable to be called upon, at a moment's notice, to afford relief in the crisis of retention. If I was asked what common operation in surgery required the most tact, careful manipulation, and, above all, gentleness and patience, I should unhesitatingly say catheterism. Not but that any man may succeed, with more or less adroitness, in introducing a catheter into the bladder, provided the parts are in a perfectly normal condition; but let him meet with any obstruction, then his attempts may be completely foiled, unless by experience and constant practice he shall be prepared to overcome them.

It is a well-established rule at the present day, or at least it ought to be, that puncture of the bladder is never necessary, the cases of failure to arrive at the bladder through the natural passage, by well-directed and skillful manipulations, being so extremely rare. To be sure, puncture of the bladder is an operation which is constantly performed in Hospitals and elsewhere, but had these very cases fallen into skilful hands at the commencement of the retention, or had more patience and perseverance been practiced by the hospital surgeons themselves, no such extremity would have been resorted to, excepting under extremely rare circumstances. Prof. Syme, of Edinburgh, long ago publicly taught that there are *no* strictures capable of allowing the passage of urine, even in drops, which cannot be permeated by skilfully-directed efforts. Civiale, in his admirable cliniques, and in his works, assures us that puncture of the bladder is never necessary. Such, in fact, is the opinion of the best surgical authority at the present day.

In my own practice, I have been called to several cases of retention of urine where the method of treatment of which I

am about to speak, pursued with gentleness and perseverance, alone saved the patients from having the bladder punctured, that operation, in one case at least, having been determined upon by the attending physician.

Let us suppose, then, that we are called to treat a case of narrow, irritable stricture, where retention of urine has not actually taken place, but where, in fear of such a result, attempts have been made to pass the catheter without success. In such a case, we must have recourse at once to general treatment. Rest in bed, warm baths, laxatives, strict attention to diet, opiate enemata, and, above all, care not to introduce any instrument into the urethra, will be found soon to have their marked beneficial effects; the immediate tendency to retention will disappear, and by following up this plan of treatment for a sufficient length of time, we shall place the organs in the best possible condition for undergoing the proper local treatment.

On the other hand, let us suppose that we are called upon after retention of urine has occurred, and where immediate relief must be given, and where attempts to reach the bladder may or may not have been made. In such a case, the passage through the stricture must necessarily be extremely small, and therefore in order to pass an instrument through it, we must select one of a corresponding size. For this purpose, I always use one of these delicate gum-elastic bougies, some of which, as you see, are scarcely larger than an ordinary knitting-needle.

I prefer that the patient should be in bed, that he should be warmly covered, and that he should be particularly protected against any sudden chill. A bougie is then to be selected, of a size corresponding to the size of the stream passed, as nearly as may be, or to the presumed diameter of the constricted passage; this is to be carefully lubricated with lard, cold cream, cerate, or some other equally tenacious substance, which is greatly to be preferred to the olive oil so commonly in use. Thus prepared, the instrument is to be carried carefully down to the seat of the stricture, and, if possible, pushed on into it, the entrance of its extremity being at once known by the peculiar manner in which it is grasped. After a few moments' delay, the bougie, in the great majority of cases, may be pushed on into the bladder. This, however, it must be borne in mind, is not always necessary; the mere presence of the instrument at the seat of the obstruction is generally sufficient to overcome the spasmodic action upon which the retention depends. The only difficulty in carrying these delicate instruments down to the stricture, is from their becoming

entangled in the various lacunæ, which, as is well known, are greatly enlarged in this disease. This difficulty, however, can be obviated by making traction upon the penis, so as to put the mucous membrane upon a stretch—or, in those cases which will admit of it, making use of the probe-pointed or olive-shaped bougie, of which I shall speak.

Where one or more false passages exist, by certain careful rotatory movements given to the instrument, we shall succeed in engaging the point within the stricture more speedily and safely with these delicate bougies, than by any other means. For this very purpose, M. Leroy made use of gum-elastic bougies which were bent in the form of a cork-screw, and which he often found extremely useful. Whatever form of instrument may be selected, I cannot too strongly enforce the necessity of using the greatest gentleness in its introduction. Anything like violence or even roughness, will not only give our patient great and unnecessary pain, but will be sure to be followed by an increased spasmodic action of the parts, which will defeat all our efforts. M. Civiale never could say too much on this point, which certainly is the basis of all success in catheterism.

Mr. Henry Thompson, of London, has recently suggested a method of protecting the mucous membrane from injury, and of rendering the introduction of small instruments more easy, particularly in these very cases of narrow stricture, which, on trial, will be found very useful. It consists in the simple method of applying the oil to the urethra itself, and very freely, rather than to the instrument. In order to effect this, he says, the nozzle of a common glass syringe, containing from four to six drachms of pure olive oil, should be introduced into the urethra as far as it will go, the external meatus being at the same time closed upon the nozzle by the forefinger and thumb of the left hand, so that none can escape. Gentle pressure being now made upon the piston-rod, the oil gradually finds its way down to the stricture; and if this be very narrow, the urethra in front of it slowly fills and becomes slightly distended; but as the piston continues to descend, the oil will gradually pass through the stricture and onward into the bladder, thoroughly lubricating every part of the canal. At the moment the oil passes through the stricture, the operator may sometimes distinctly perceive a slight, but very complete sensation communicated to the hand, of resistance overcome, and partial collapse of the previously distended urethra in front. The syringe is then to be removed, the finger and thumb still commanding the meatus of the urethra so that no oil escapes. The smallest catheter may now be introduced,

and made to traverse the urethra—at all events as far as the stricture—with very little or none of that difficulty arising from the catching of its point against the walls of the passage, so often experienced with very small instruments, and which renders so much care necessary in their employment. But what is more, when arrived at the stricture, the instrument, if adapted in size, will gradually pass through it; or, at least, the probability of its doing so is greatly increased. The narrowed channel has not only been thoroughly lubricated, but somewhat distended by the mechanical pressure of the column of oil which has passed through it; and this sometimes occurs to an extent which affords no inconsiderable amount of aid to the operator. Patients suffering from very irritable stricture have experienced so much less pain from the passage of a catheter after the injection of oil, that I have been repeatedly requested by them to employ it on subsequent occasions.

I alluded to the probe-pointed bougie as being extremely useful in many cases of stricture. The delicate extremity of the bougie being armed with this olive-shaped button, prevents it from being caught in the lacunæ as it is passed down. So, also, under certain circumstances, it will be found that this form of bougie can be more readily insinuated into and even passed through one of these narrow strictures than any other. By means of this, also, we can easily pass down ointments of various kinds.

Mr. Thompson has recently advocated also the use of a probe-pointed catheter. This instrument resembles in form, length and curve the ordinary catheter, and is made of silver. For the last two inches, however, it is perfectly solid, the extremity being in fact, a delicate metal probe. However small it may be necessary to have the instrument, so small can this probe-pointed extremity be made. The hollow part of the instrument commences at about two and a half inches from the point, and a small eye is placed on the inner aspect of the curve. From this part the instrument gradually increases in diameter. The whole is strengthened by a small steel rod or stylet, which accurately fills the interior, and to which the handle is affixed. The small eye can thus be kept clear of mucus and other matters. Mr. Thompson says: "when the stricture has been passed, considerable care is necessary in guiding onward the point through the canal behind, to prevent it becoming engaged in the enlarged lacunæ, which are commonly found in the dilated urethra behind an old stricture. This being safely accomplished, and the stylet removed, the urine will issue by drops only, on account of the small size of the eye, but nevertheless in a manner which will soon relieve

the patient, and which at once assures the surgeon of his complete success.

I cannot myself see any particular advantage to be derived from such an instrument as the one just described. After passing through the stricture, a considerable portion of the instrument must be pushed on into the bladder, beyond the seat of the difficulty, before any urine could pass through the eye, and that too without any certainty that irreparable mischief may not be done to the parts. The probe-pointed bougie seems to me to be a much safer instrument, and much better adapted, in the majority of cases, to the proper treatment of narrow stricture. After either form of bougie of which I have spoken has been passed, and the retention, if it exists, has been relieved, their use can be followed by larger instruments of the same material or the metallic ones may be substituted.

We may not always succeed in passing instruments of such tenuity at the first trial, but by affording the parts an opportunity to rest, and the spasmodic action to subside, especially in those cases where violent measures have been pursued, success will finally reward our efforts. The perfect relaxation of all spasmodic action under the use of anæsthetic agents, often renders their administration extremely useful in our treatment of retention from a contracted stricture. I am of opinion that this is not borne in mind so generally as it ought to be.

Temporary dilatation is, without doubt, the safest and surest method of treating organic stricture. Although slow, at the same time it can be easily managed and can be suspended at any moment, according as circumstances require, and, above all, does not prevent the patient from pursuing his usual avocation—and for the early treatment of narrow, irritable stricture, the use of gum-elastic or wax bougie is far preferable to metallic instruments. I have seen patients who have suffered so much from the passage of small metallic instruments, that they have not been willing to allow their farther use, but have made rapid progress under the employment of flexible instruments. When, however, the dilation has proceeded so far that a No. 5 or 6 bougie passes with ease, then these may be laid aside and metallic instruments substituted.

I cannot close my remarks better than by quoting the words of Mr. Solly. "There is another thing to be remembered in the treatment of stricture; never be ashamed to leave the bedside of a patient without succeeding in passing a bougie. I am told that a hospital surgeon, now deceased passed a sleepless night from vexation, if he failed to introduce an instrument into the bladder in presence of his pupils. Such a man must have made many a false passage. Every good surgeon

will fail occasionally in the introduction of a bougie, but no good surgeon ought to make a false passage, though a skilful surgeon will sometimes do it, when his temper or his pride rules his hand, instead of his reason and his conscience."

*Boston Journal.*

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## Book Notices.

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TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY; 1860.—Columbus: Foltz, Foster & Co.

We are in receipt of this handsome octavo volume of nearly 300 pp., substantially bound in cloth, and, in typographical appearance, well worthy its valuable contents—the proceedings of the fifteenth annual meeting of the Ohio State Society, held at White Sulphur Springs, in June last.

Among the papers published, we notice an interesting report from the Committee on *Cannabis Indica*, by R. B. McMeans, M. D., of Sandusky.

The report of the Committee on Medical Literature—E. B. Stevens, M. D., Cincinnati—is peculiarly interesting and valuable, as furnishing a pretty thorough *resume* of the condition of this important interest. From it we glean, that of Medical journals, devoted to the interests of legitimate medicine, we have three weeklies, eighteen monthlies, eleven bi-monthlies, and three quarterlies; of which number—thirty-five in all—New York and Ohio, each, publish five; Pennsylvania and Georgia, each, four; Missouri, three; Louisiana, Illinois, Tennessee, California and Kentucky, each, two; and Massachusetts, North Carolina, South Carolina and Virginia, each, one. This does not include, of course, those publications devoted to specialities, as the *American Journal of Insanity*, that able quarterly,—nor the numerous magazines of pharmacy, chemistry, dental science, etc.; still less the "abundant parasitic growth of periodical literature engaged in promulgating the vagaries of eclecticism, homœopathy, phrenology, spiritualism and 'rational medicine,' a sort of illegitimate creation, voluminous and frothy."



The number of these regular publications has been remarkably uniform, we learn, for a series of years; though, of course, changes occur from time to time. Our writer appreciatingly places Medical Journalism *first*, "because of its pervading influence, because it demands the most prompt attention of medical men, and because it is the medium through which nearly everything new and valuable first comes before us."

The following assertions we are already prepared to endorse most fully: The medical journals of this country are a working, practical institution; poorly fed and poorly clothed, to be sure; but they never refuse their full share in the great mass of drudgery, which the machinery of our profession requires to be performed. \* \* \* \* \* The glory enjoyed by medical journalists, is, for the most part, regarded as ample compensation for the pains and penalties of mind, body and purse, which are incident to so honorable a position.

Dr. Wright's elaborate paper on the *Effects of Chloroform on the Intellectual Processes*, will well repay perusal; while Dr. Metz's report on *Diseases of the Eye*, and Dr. Gundry's report on *Insanity*, are papers of marked ability,—the latter particularly rich in valuable statistics, soundest philosophy, and enlightened study and research.

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A TREATISE ON HUMAN PHYSIOLOGY.—Designed for the use of Students and practitioners of medicine. By JOHN C. DALTON, Jr., M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, etc., etc., etc. Second Edition, revised and enlarged. Two hundred and twenty-two Illustrations. pp. 690.

The rapid strides which Physiology is making, assisted by the microscope, vivisections, animal chemistry, etc., are strongly brought to mind by the advent of such works as this. For the past dozen years, Carpenter and his Continental cotemporaries have held almost undivided sway in this realm of Medical Science; and the text-book of the eminent English Physiologist has, hitherto, fully and worthily filled a prominent position in the libraries, alike of student and practitioner. But America, audacious and aggressive, has again planted her *Excelsior* standard on disputed ground, and this volume,

with its clear letter and artistic illustrations,—with its admirable, scholarly arrangement, nervous, terse and lucid style, with its vast and laborious experimentation, as fully sustains the claim to pre-eminence in this speciality, as Prof. Gross' *opus magnus* did in another branch, in giving to the world the "most elaborate and complete work on Surgery, ever published in any country." We believe we fully recognize the value of Draper and Dunglison, Carpenter and Kirke, and Todd and Bowman, and yet we unhesitatingly place Dalton at the head of the list, for qualities already enumerated.

We have spoken in the above as if this were a new work, and so, though a second edition only, it is in many respects, as instance: The introduction of an entire chapter on the *Special Senses*,—in the first edition treated only incidentally; new facts and views in regard to the physiology of the *Cranial Nerves*, with a complete re-arrangement of this chapter; new original experiments relating to the function of the *Cerebellum*, and the conclusions to which they lead; considerations respecting the general properties of *sensation* and *motion*, as resident in the nervous system; a new chapter on *Imbibition and Exhalation*, and the functions of the *Lymphatic system*, including the study of endosmosis and exosmosis, and their mode of action in the animal frame,—the experiments of Dutrochet, Chevreuil, Gosselin, Matteucci and others on this subject; the constitution and circulation of the lymph and chyle, a quantitative estimate of the entire processes of exudation and re-absorption taking place in the animal body—besides additions in various parts to the chapters on Secretion, Excretion, the Circulation, and the functions of the Digestive Apparatus. Finally, we have twenty-two new and original illustrations, of which number, five replace others in the former edition (by far the best illustrated work on the subject, even then,) which were considered imperfect, either in design or execution. In this important feature of illustration, Dalton's work is without a peer, either in adaptedness to the text, simplicity and graphicness of design, or elegance of artistic execution.

Philadelphia: Blanchard & Lea, 1861. Chicago: W. B. Keen.

A TREATISE ON FEVERS.—Selections from a course of Lectures on Fever, being part of a course of Theory and Practice of Medicine delivered by Robert D. Lyons, K.C.C., M.B.T.C.D., L.K.Q.C.P.I., L.R.C.S.I., M.R.I.A., Physician to Jervis Street Hospital, etc., etc., and late Pathologist-in-Chief to the British army in the Crimea. pp. 362.

A scholarly, well written work, by a new writer, and demanding a more discriminating review than we have had time to qualify for by a careful perusal. Of Sir Robert Lyons, knighted, we understand, for services during the memorable Crimean campaigns, we do not remember to have before heard, although his multiple titles, impressing almost an entire alphabet into initial service, would seem to indicate his position at home as by no means insignificant. We have glanced over his introductory chapters with no small pleasure at their fluency, ornate, yet simple style, and dignified and learned tone. The sections on *Typhoid Fever*, *Yellow Fever* and *Typhoid Fever* as it occurred in the Crimea, will possess increased interest at the present juncture, as the views and observations of one who occupied the distinguished position of Pathologist-in-Chief to the British army, during campaigns, in which 10,000 of its flower were carried off by diseases in seven months—an immense proportion of which was the result of fever and the sequelæ of fever. The opportunities for investigating the pathology of this class of diseases seem to have been very extensively and intelligently improved; and a large number of illustrative cases are cited, exhibiting the most marked forms of typhoid fever, the several conditions of the enteric lesions and the various morbid processes associated with it in its advanced stages,—*materiel* for which was abundantly supplied in the large hospitals before Sebastopol and at Scutari.

Philadelphia: Blanchard & Lea. Chicago: Wm. B. Keen.

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REPORT ON MORBUS COXARIUS; OR HIP DISEASE.—By Lewis A. Sayre, M. D., Resident Physician of the City of New York; Surgeon to Bellevue Hospital, &c., &c.

This is a monograph of 94 pages, reprinted from the Transactions of the American Medical Association for 1860. It is the Report that attracted more attention, and is of more practical value than any other presented to the Association during

its last annual meeting. After a brief description of the anatomy of the hip-joint, Dr. Sayre discusses the causes and pathology of hip disease, gives a detailed account of the symptoms in the several stages, accompanied by cuts for illustration; giving the treatment adapted to each stage of the disease, with a full account of the mechanical appliances necessary, and concludes with a summary of the cases thus far treated, with the results. To give any adequate idea of the author's views and method of treating the disease, would compel us to copy the greater part of the report itself. Its publication makes an era in the history and treatment of hip disease, and we advise every reader to obtain a copy of it, together with much other valuable matter, by sending *three* dollars to Dr. Casper Wistar, of Philadelphia, for the volume of Transactions of the American Medical Association, for 1860.

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SUMMARY OF MEDICAL SCIENCE.—Edited by Walter S. Wells, M. D. Part I.  
New York: Charles T. Evans, Publisher.

Already favorably known to the profession as the compiler of an "*Epitome of BRAITHWAITE'S RETROSPECT*," and the "*Compendium of RANKING'S ABSTRACT*," Dr. Wells has placed the medical world under more weighty obligations by this, his recent contribution to our current literature. The work, as its name indicates, is a *Summary* of the most valuable articles published in "*Braithwaite's*," "*Ranking's*," the London, Dublin, Edinburgh, French, German, and American Medical Journals of 1860, together with original contributions by leading men in their respective specialities. In its 300 pages, we have the very cream of the medical journalism of 1860, selected with enlightened judgment; properly arranged and classified, and furnishing, in itself, a complete digest of the improvements and status of Practical Medicine, Surgery, Midwifery, Toxicology, Chemistry and *Materia Medica*, for the past year; and so arranged in binding and paging as to facilitate the re-binding of each department separately, when the work becomes sufficiently voluminous.

The volumes are issued semi-annually, on 1st April and October, at \$1.25 per number, or \$2.00 per annum in advance. Address publisher as above.

A PAPER ON DIPHTHERIA.—Read before the New York Academy of Medicine, in June, 1861—By James Wynne, M. D., &c., &c.

This is a neatly executed monograph of 32 pages, published by Bailliere Brothers, 440 Broadway. It contains a very interesting history of Diphtheria, with a fair summary of the prevalent views concerning its causes, pathology and treatment. It is well worthy of perusal and preservation.

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## Editorial.

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AN EXPLANATION.—The omission of the April number of the EXAMINER requires an explanation. The manuscript for the original department of that number was placed in the hands of the printer about the usual time, and the first "form" of eight pages was worked off in a few days. We had no intimation but that the work was going on as usual, and being fully occupied with other professional engagements, we did not stop to enquire until near the last of the month; when, much to our surprise, we found the war excitement had stopped all work in that printing establishment, and caused its doors to be closed—at least, for the present. Before we had time to effect an arrangement with any other publisher, we were called suddenly to Springfield to act on a Board of Medical Examiners, and detained there one week. Reaching home on the 2d of May, a satisfactory arrangement was immediately perfected with the present publishers, and the work pushed forward as rapidly as possible. But, inasmuch as the time for the April number had been entirely lost, we have thought it proper to date the present number for April and May, both; promising our readers that the deficiency of the April number shall be fully made up by improvements in the subsequent numbers of the present year.

PROSPECTS FOR THE FUTURE.—One of the principal objects that induced us to commence the publication of the CHICAGO MEDICAL EXAMINER, was to establish a Medical journal here,

which should not only constitute a medium through which the medical writers of the Northwest could communicate their thoughts and observations, but which should, also, faithfully reflect the doings of the Medical societies, colleges, hospitals and dispensaries of this city, as fully as the medical journals of New York and Philadelphia do, the doings of the various medical institutions of their respective cities. An early failure in the health of Dr. E. A. Steele, who was associated with us as Assistant Editor, has hitherto prevented us from carrying out our original design as perfectly as we had desired. From the present date, however, his place will be supplied by FRANK W. REILLY, M. D., a recent graduate,—energetic and industrious, a ready writer, an accurate reporter, and well versed in all the duties devolving on an assistant in editorial labors. With his aid, we hope to make such improvements in all departments of the EXAMINER as will be gratifying to its readers.

**SURGEONS AND ASSISTANT SURGEONS IN THE ARMY.**—For the information of that large class in the profession who are volunteering their services as surgeons, we would state, that the laws of this State provide for only *one* Surgeon and *one* Assistant Surgeon to each *regiment* of volunteers.

The six regiments first called into service from this State, in compliance with the requisition of the general government, are now organized and fully supplied with medical officers. A recent act of the Legislature provides for the immediate organization of ten additional regiments, to be completely organized, and drilled for thirty days, and held in readiness for any future demand that may be made, either by the State or national governments. Surgeons and Assistant Surgeons to these ten regiments are to be appointed solely by the Colonel of each regiment, and the law does *not* provide for an examination before such appointments, as was the case with the first six regiments. This is much to be regretted; for personal observation has fully satisfied us that only a small part of those who are proffering their professional services, have any adequate idea of the duties of a medical officer of the army. Many think of nothing but the ability to cut off



limbs and dress mangled wounds, forgetting, entirely, the fact that, in all armies, disease destroys ten for every one that falls on the field of battle. Whoever becomes attached to a regiment of volunteers as a medical officer, should be thoroughly awake to all those sanitary measures that are calculated to ward off disease, or mitigate its violence. The necessity of subjecting all candidates to a rigid examination, will be abundantly apparent by the results developed in the following report:

REPORT OF THE  
BOARD OF MEDICAL EXAMINERS  
TO THE LEGISLATURE.

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The Board of Physicians and Surgeons appointed by the Legislature of the State of Illinois, to examine such candidates as might present themselves for the office of Surgeon or Assistant Surgeon in the six regiments of volunteers called into active service by the authority of this State, would respectfully report as follows, viz:

The members of the Board assembled at the State House, in Springfield, Ill., April 26th, 1861, at 9½ o'clock A. M.

Present—Drs. G. W. Stipp, of Bloomington; W. M. Chambers, of Charleston; N. S. Davis, of Chicago; and Charles Ryan, of Springfield. Absent—Dr. Carpenter, of St. Clair County.

A quorum being present, the Board was organized by the appointment of Dr. G. W. Stipp, Chairman, and Dr. N. S. Davis, Secretary. The following rules were then adopted for the government of the Board in the transaction of its business:

1st.—The Board shall hold three sessions daily, commencing at the hours of 8½ A. M., 2 P. M., and 8 P. M.

2d.—Each candidate for examination shall furnish satisfactory evidence that he has received the degree of *Doctor of Medicine* from a regular Medical College in good standing in the profession.

3d.—Each candidate shall furnish satisfactory evidence that he possesses a good moral character.

4th.—The examination of each candidate shall have special reference to the four following topics, viz: Surgical Anatomy, Practical and Operative Surgery, Practical Medicine, and Hygiene.

5th.—Immediately after the examination of each candidate the result of such examination shall be determined by ballot, without debate—and *two* negative votes shall be sufficient to reject the candidate.

The whole number of candidates whose names were presented to the Board and placed on file for examination was *fifty-two*; of whom fifteen failed to make their appearance before us.

Of the *thirty-seven* who were duly examined, *nine* were found qualified for the office of *Surgeon*, and were furnished with certificates accordingly, to-wit:

David Prince, M. D., of Jacksonville; Horace Wardner, M. D., of Chicago; Henry W. Davis, M. D., of Paris; S. T. Trowbridge, M. D., of Decatur; A. W. Heise, M. D., of Joliet; James H. Faris, M. D., of Danville; Christopher Goodbrake, M. D., of Clinton; Sanford Bell, M. D., of Springfield; and Dr. Evarts, of Quincy.

And *twenty-one* were furnished with certificates, as qualified for the office of *Assistant Surgeons*—to-wit:

D. W. Young, M. D., of Aurora; Samuel C. Plummer, M. D., of Rock Island; A. E. Goodwin, M. D., of Rockford; John L. Teed, M. D., of Mendota; B. F. Stephenson, M. D., of Petersburg; John M. Phipps, M. D., of Charleston; Wm. F. Cady, M. D., of Rock Island; Charles Davis, M. D., of Alton; James Hamilton, M. D., of Springfield; J. W. Van Valza, M. D., of Freeport; P. H. Bailhache, M. D., of Springfield; Conrad Dumreicher, M. D., of Chicago; Thos. Wilkins, M. D., of Vandalia; Daniel Stahl, M. D., of Quincy; J. R. Gore, M. D., of Chicago; Geo. H. Knapp, M. D., of Jerseyville; H. A. Buck, M. D., of Marengo; Samuel M. Hamilton, M. D., of Monmouth; E. A. Steele, M. D., of Chicago; Edgar Winchester, M. D., of Elgin; George W. Crossley, M. D., of Princeton.

Being fully aware that our citizen soldiery, summoned, as they have been, suddenly from their various avocations, to the hardships and exposures of the camp and the field, would be in far more danger from attacks of ordinary diseases, than from injuries on the field of battle, we have deemed it our duty, as Examiners, to inquire as carefully concerning the views and acquirements of each candidate in relation to the treatment of disease and such hygienic measures as aid in preserving health, as in relation to their surgical knowledge and skill. And though the very short time intervening between the passage of the law creating the board, and its meeting for business, may have prevented some members of the profession in the more distant parts of the State from appearing before it, yet we feel much pleasure in assuring you and the people of the whole State, that among those we have deemed it our duty to recommend as *Surgeons*, our patriotic volunteers will find as skillful Physicians and Surgeons, and as faithful and devoted friends as they could possibly desire. And though we have been less exacting in the standard of acquirements fixed for the office of *Assistant Surgeons*, yet we have intended to give certificates to such *only*, as would do ample credit to themselves, and full justice to those who might need their assistance. Deeming it necessary that a Surgeon or Assistant Surgeon in the army, should be thoroughly acquainted, not only with the nature and treatment of those diseases to which all armies on active duty are liable, but also with all those cases connected with personal habits, topographical conditions, and climatic changes, which tend to engender disease, we have been reluctantly constrained to withhold certificates of recommendation from some, who are justly regarded in civil life as good operative Surgeons and honorable Physicians.

In conclusion, we cannot too warmly commend the considerate care manifested by the Legislature, in the effort to secure for those of our fellow citizens, who have temporarily abandoned the arts of peace for the defense of our government and the integrity of our country, the most reliable Medical and Surgical aid that the State can afford.

We trust that the example now set, will be followed on all similar occasions, if the calamities of war should call for additional regiments, and consequently additional medical officers. All of which is respectfully submitted.

SPRINGFIELD, *May 1st*, 1861.

N. S. DAVIS,	} <i>Board of Examiners.</i>
GEO. W. STIPP,	
WM. M. CHAMBERS,	
CHARLES RYAN,	

APPOINTMENT.—Ralph N. Isham, M. D., Professor of Surgical Anatomy and Operations of Surgery in the Medical Department of Lind University, has received the appointment of Surgeon to the Marine Hospital in this city. Dr. Isham is a gentleman whose professional attainments, pleasing address, and brilliant style of operating, have won for him no mean reputation, both in the amphitheater and in private practice; and we congratulate him, not less than Uncle Sam, on the increased sphere of usefulness and experience this places at his disposal.

—Students of the Medical Department of Lind University have now the advantage of the wards of two of the most extensive Hospitals in the Northwest, in addition to a large Dispensary practice, at which clinics are given twice a week during the entire year. Cliniques at the Mercy Hospital, under the services of Professors Davis and Andrews, are given regularly four times per week, during the summer course.

OBITUARY.—The profession in the northwest has been called on to lament the loss of one of its most valuable members, in the death of DR. E. J. FOUNTAIN, of Davenport, Iowa, in the thirty-third year of his age. He was engaged at the time of his death, which took place on the 29th of March, in the prosecution of experiments on the chlorate of potassa—a subject which had engaged much of his attention, and on which he had written several very interesting papers. He was a frequent contributor to the current medical literature, a successful practitioner, an enthusiastic and self-sacrificing student, and occupied a place in the profession which will not be easily filled.

AMERICAN MEDICAL ASSOCIATION.—The annual meeting of this Association appointed to be held in the city of Chicago, on the first Tuesday in June next, is hereby postponed until the first Tuesday in June, 1862, on account of the extremely disturbed condition of the whole country.

CHICAGO, *May 1st*, 1861.

N. S. DAVIS,	} Committee of Arrangements.
J. W. FREER,	
E. ANDREWS,	
DE LASKIE MILLER,	
J. BLOODGOOD,	
THOS. BEVAN,	
H. W. JONES,	

Personally, it has been with extreme reluctance that we have assented to the above notice postponing the regular annual meeting of the American Medical Association. But such postponement having been unanimously advised by leading members of the profession, in all sections of the Union, we have felt constrained to yield to the sad necessities of the times. Having all our lives combatted *sectional* prejudices, and advocated a catholicity of sentiment which would embrace our whole country, not only in medicine, but also in religion, politics, and social life, we had fondly hoped to meet our professional brethren from the North, South, East and West, in the same fraternal spirit that has characterized the meetings in years gone by. But we must wait—and while we wait, pray, that before the first Tuesday in June, 1862, every part of our great country may be reposing peacefully under the folds of the old “Star Spangled Banner,” and contentedly enjoying the blessing of the mildest and most liberal government ever established among men.

BELLEVUE HOSPITAL COLLEGE.—The importance of clinical instruction, and the value of these bedside teachings, are being rapidly recognized and appreciated by the profession; and we hail the recent act of the New York Legislature, in chartering a new Medical School in connection with Bellevue Hospital, as another step in the right direction. Students will discriminate in favor of institutions, the precepts of whose lecture-rooms are emphasized by practice at the bed-side.

HOMŒOPATHY IN THE MICHIGAN UNIVERSITY.—The following letter fully explains itself, and our readers will be gratified by its perusal.—[*Ed. of Examiner.*]

UNIVERSITY OF MICHIGAN, }  
April 19th, 1861.

PROF. N. S. DAVIS, M. D.,

*Dear Sir* :—In your journal for March, which has just come to hand, the statement is made that you “learn from the *Detroit Free Press* that the Legislature of Michigan, during its recent session, passed a law, requiring the establishment of a chair of Homœopathy in the Medical Department of the State University, at Ann Arbor.”

I write to inform you that this is a mistake, entirely, and to request you, which you will, no doubt, be happy to do, to correct it. I am sorry to learn, as I do now for the first time, that the *Free Press* was led into such an error. It must have corrected it very soon, as it commented approvingly upon the action of the Legislature in *not* passing such an act.

The facts in this case are simply these :

The Homœopathic practitioners in the State, since their defeat a few years ago, in attempting to have their system taught in the University, have been putting forth every possible effort, as we have since learned, in a secret way, to secure the election of persons to the Legislature, favorable to that system, and its introduction into the University.

Among others they succeeded in getting into the Legislature and upon the Committee on Education, a man who now calls himself a Homœopathic physician, but who, not long since, was a professor in the Eclectic Medical College at Cincinnati. This man, aided by a very active *lobby* of Homœopathic physicians and others, by means of the grossest and most shameless misrepresentations, whispered quietly into the ear, and at last embodied in a report, made considerable headway with members.

A bill providing for the introduction of two Homœopathic professors into the University was introduced into the lower house, which, after discussion and the exposure by documentary evidence of many of the false statements made in the report by which the bill was attempted to be sustained, was *lost* for want of a sufficient number of votes.

The friends of the measure, abandoning the idea of mingling Homœopathic teaching with that of legitimate medicine in the same school, introduced another bill providing for the establishment of a *separate school* at any town in the State *other*



than *Ann Arbor*. This passed the lower house, but after discussion and a report thereon in the Senate, was lost in that body by a decisive vote. So all Homœopathic measures were defeated, instead of a law establishing a chair of Homœopathy in the Medical Department of the University being passed.

Your article very properly states that the Constitution of the State places the University entirely under the control of the Board of Regents, and that a few years ago, after thoroughly investigating the claims of Homœopathy to be represented in the University, they refused to recognize it.

By giving place to the above, you will do justice to the Legislature of Michigan, and to legitimate medicine, besides obliging much,

Your humble servant,

A. B. PALMER.

DEWITT COUNTY MEDICAL SOCIETY.—The society met in annual session at the office of Dr. Goodbrake in Clinton, on Tuesday, the 2d day of April. Dr. John H. Tyler in the chair.

The minutes of the previous meeting were read and approved.

On motion of Dr. Edmiston, Dr. E. W. Gideon was invited to participate in the proceedings of this meeting.

The following gentlemen were then elected officers for the ensuing year:

President—Dr. Z. H. Madden.

Vice-President—Dr. Thos. W. Davis.

Treasurer—Dr. T. K. Edmiston.

Secretary—Dr. C. Goodbrake.

Dr. J. H. Tyler,  
Dr. John Wright, } Censors.  
J. C. Ross,

Delegates to the Illinois State Medical Society—Dr. John Wright, Dr. B. S. Lewis, and Dr. Christopher Goodbrake. Alternates—Drs. Hunt, Adams, and Davis.

Delegates to the American Medical Association—Dr. John H. Tyler, and Dr. Z. H. Madden. Alternates—Drs. Edmiston and Richards.

The President elect then took the chair, and made a few very appropriate remarks.

Dr. J. H. Tyler, the retiring President, then delivered his

valedictory address ; when on motion of Dr. Goodbrake, the thanks of the society were tendered to the Doctor, and a copy of his address requested for publication.

Dr. Tyler reported a case of Endo-Carditis.

Dr. Madden reported a case of Uterine Hemorrhage.

Drs. Edmiston, Adams and Davis, were appointed essayists for the next meeting.

Diphtheria was chosen as the subject for discussion at the next meeting of the society.

On motion of Dr. Wright, it was ordered that the proceedings of the meeting be published in the *Central Transcript* ; also in the *Chicago Medical Journal*, and the MEDICAL EXAMINER.

On motion the society adjourned to meet in quarterly session, at Santa Anna, on the first Tuesday in July next.

C. GOODBRAKE, M. D., Secretary.

PERSONAL.—Prof. C. D. Meigs, for twenty years the most popular teacher in the United States, at the close of the recent session of the Jefferson Medical College, resigned his seat in the Faculty of that institution, to the great regret of his colleagues, the profession generally, and a host of alumni and pupils.

Prof. Meigs has been in active practice for upwards of fifty years, and a teacher for nearly half that period. As practitioner, lecturer and author, he has enjoyed a wider and more brilliant reputation, his classes have been larger, and his success greater than, perhaps, that of any other American physician—and, in a very great degree, this has been deservedly so.

He retires, we understand, to his country seat, Hamanassett, near Philadelphia, there to engage in literary and agricultural pursuits, and the composition of a long contemplated history of medicine. The kind wishes and warm sympathies of innumerable friends follow him in his retirement.

A suitable expression of sentiment was entered upon their record by the Faculty on receiving his resignation ; and on commencement-day, the graduating class presented him with a portrait of himself, by Waugh.

—Dr. Wm. V. Keating, of Philadelphia, has been chosen to fill the chair of Obstetric Medicine thus vacated. Dr. K. is very highly spoken of by the *North American*, as an obstetric practitioner of enlarged experience, and of great readiness as a lucid and pleasant teacher. He was formerly connected, for a number of years, with the Philadelphia Medical Association, as lecturer on midwifery and diseases of women and children.

—The honorable post of Physician-Extraordinary to Queen Victoria, recently made vacant by the lamentable death of Dr. Baly, has been assigned to Dr. William Jenner, Physician to University College Hospital, and author of several works on fever, etc.

—Dr. Thomas Harris, at the time of his death the oldest Surgeon in the American Navy, died in Philadelphia, March 4th, of apoplexy. Dr. H. was a graduate of the University of Pennsylvania, in the days when there were giants—Rush, Dorsey, Wistar, Barton, Physick,—at its head, and had, for several years, been at the head of the Medical Bureau at Washington.

A BOARD OF MEDICAL EXAMINERS will convene at the Naval Hospital in New York, on the 1st prox., for the examination of applicants for admission into the Naval Medical Staff. Those gentlemen who so successfully lobbied against the appointment of an Examining Board, under the Ten Regiment Bill, might find it to their interest to protest against this also.

THE MANUSCRIPT of Prof. Andrew's Lecture on *Military Surgery* was handed in too late for the printers to assign it its proper position, under the head of "Original Contributions." We are happy, however, to be able to announce that this is only the first of a series on this engrossing topic, which will be given in our pages during the summer course of the Lind School.

OF 101 applicants for commissions as Surgeons and Assistant Surgeons examined by the New York Board, thirty-nine passed as Surgeons and thirty-seven as Surgeons' Mates.

A SUGGESTION.—Of the hundred and fifty or two hundred physicians in our own State, and about quadruple that number in the entire North-West, who have volunteered their professional services to the army, not over two out of five will probably be availably used in the camp or field. But we may suggest to the disappointed ones, that fully as much good may be done, and as much patriotism evinced, though in their own home spheres and plain citizens' garb, by quiet but active exertion in directing and stimulating the efforts of citizens to supply the troops with additional hospital conveniences and comforts. The proper Department will see to the furnishing of necessary medicines, etc.; but in the unavoidable confusion and hurry, attendant upon so great and sudden a revolution from a peace to a war establishment, many important details will be overlooked, and much will necessarily devolve upon private individuals. And the preparation of lint and bandages will *not* include all that will be found useful in this department.

Purulent, or Egyptian ophthalmia, is a disease among the most troublesome and common in armies, and the southern portion of this State is one of its favorite habitats. It is asserted that 30,000 cases of this disease occurred in the Prussian army in eight years, and that the Belgian army suffered still more from it. Wounds of the eye, and various other forms of ophthalmia, form also a large per cent. of the cases. *Green silk eye-shades*, as recommended by Col. Anderson, with elastic bands, will be found especially useful, and may be got up in considerable numbers.

*Splints*, of all sizes and shapes, may be prepared. *Field Stretchers*, formed like a hand-barrow, six and a half feet long, and thirty inches wide, with strong canvas bottoms, and projecting handles—can be made by any carpenter. *Saddler's Silk*, for ligatures and sutures; *pins* of various sizes; soft, clean *sponges* (there cannot be too many of these. The inoculation of the virus of erysipelas by indiscriminately dressing all patients with the same sponge, cannot be too sedulously guarded against.) *Towels*, both coarse and fine, as well for ordinary bathing purposes as for hospital use; *Cotton batting* for compresses, fracture-dressings, etc.; *thin, light flannel shirts*, long and loose, for the sick, with drawing-strings at the neck, instead of buttons; and shorter and more closely-fitting ones for the active soldiery; large-sized *list* or *cloth slippers*; *lime* and *lemon juice* in strong black bottles, tightly corked with practicable corks, *i. e.*, those not requiring a cork-screw to extract; *vaccine virus*, fresh and healthy, either in vials, dissolved in glycerine, or in the usual form, in wax,—for

the vaccination of the unprotected at discretion; *adhesive* and *isinglass plaster* may also be prepared, or purchased, and sent. *Cap-covers* of light, white cotton cloth, with capes falling down over the shoulders, will be very useful under the Southern sun. The *Havelock cover* is the best we have seen, and patterns of it may be obtained by writing to the Rev. Dr. Ryder, of St. Paul's Church, in this city, who will be happy to send them by mail to applicants. *Light Ambulances*, with two or three stretchers, mounted on springs and drawn by two horses, are quite serviceable on the field of battle, or in conveying the wounded and sick from outposts to the hospitals or heavy ambulances.

To the above, the physician of every village sending a company, might add such articles as he deemed serviceable, and set the ladies to work at once before their energies are completely exhausted scraping lint and rolling bandages—of which the venerable Dr. Mott says there have been enough prepared in New York city alone, to last a seven years' war. Such supplies, properly packed in strong tool-chests, and with a list of contents tacked to the inside of the lid, should be sent to the Surgeon of the regiment to which the company is attached. No fear but their contents will be acceptable.

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## Editorial Abstracts and Selections.

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FROM A RECENT number of the *American Medical Times*, we learn that the Louisiana Legislature, through the influence of Dr. I. H. Stevens, has passed "an act relative to practitioners of medicine," by which it is made illegal for any one to practice in that State, without first making affidavit before a Justice of the Peace, said affidavit to be duly recorded by the Parish Recorder, that he has received the degree of Doctor of Medicine, from a regularly incorporated medical institution in America or Europe. Without such affidavit, no one may collect fees, but is liable to a penalty of \$20 for every violation of the act.

NITRIC ACID IN INTERMITTENT FEVER.—As early as 1854, the anti-periodic properties of nitric acid had been presented to the profession, by Dr. George Mendenhall in the *Western Lancet*; and even prior to that time had been availed of by Dr. E. S. Bailey, of Indiana. A recent article in the *Maryland and Virginia Medical Journal*, by Professor Wm. A. Hammond, late U. S. Surgeon at Ft. Riley, Kansas, is again

attracting the attention of the profession to its use for this purpose; and from it we condense the following: Forty-one cases, ten of the quotidian and thirty-one of the tertian type, form a table, the basis of a report made to the Surgeon-General. Of these, thirty-two were treated with nitric acid, and nine with quinine. Three cases, cured by nitric acid, had previously used quinine unsuccessfully; and two, cured by quinine, had been treated with nitric acid ineffectually, and in one other the acid was discontinued, on account of creating nausea, heart burn, etc. The average period of treatment was the same with each remedy—three days. The acid was given in doses of ten drops, three times per day, properly diluted with water; the quinine in eight grain doses, as often. Dr. Hammond says: Besides the fact that the nitric acid was equally successful with quinine in arresting the disease, the difference in the cost of the two articles is so greatly in favor of the former substance as to render it an object of importance to make its curative properties more widely known. —Since the foregoing cases were treated, I have frequently employed nitric acid in the treatment of intermittent fever, and have rarely been disappointed in my expectations of its curative action. In fact, in simple, uncomplicated intermittent, I seldom have occasion to use anything else. —In cases of enlargement of the spleen, consequent upon frequent attacks of the ague, the remedy in question, has, in my hands, proved very advantageous.

**STEADINE.**—The formula of a new and solid species of glycerine, soluble alike, to a certain extent, in oils and water, is thus given in the *London Jour. of Prac. Med. and Sur.* and *Pharm. Jour.* for Dec., 1860:

Lard,

Water,

āā.

ʒiiiss

Soda, deprived of its carbonic acid by lime, grs. xv.

The soda is weighed and used dry. It should be melted in about four drachms of water; the lard is then gradually added alternately with the remaining water. The operation of this mixture is both swift and simple; in ten minutes four pounds of steadine may be prepared. This new adipose substance presents the appearance of a whitish, fatty compound, inodorous, insipid and intermediate between cerate and lard. It acquires firmness soon, and does not change as readily as lard under varying temperatures. It is claimed to be as serviceable as glycerine itself, for oils (medicated) and liniments; its ointments of metallic bases, oxides, sulphurets, iodides, salts, etc., remain unaltered; iodide of potassium pomade retains its whiteness and its iodine; insoluble powders



mix with it promptly and accurately; it combines readily with, and is a better solvent for vegetable powders; soluble salts and aqueous extracts are easily and intimately associated with it—and in short, it would seem to be a very valuable adjunct to pharmacy.

Won't some of our druggists prepare some and report?

**TURPENTINE AS AN ANÆSTHETIC.**—Dr. John Wilmhurst, of the Cunard ship *Marathon*, writes to the London *Lancet*, that he believes he has discovered a new anæsthetic and valuable anodyne, in the rectified oil of turpentine. Dr. W. was accidentally led to use the oil, instead of chloroform, in a severe case of facial neuralgia; it was exhibited by sprinkling a few drops on a handkerchief and applying to the nostrils; a few inhalations, produced a gentle sleep, from which the patient awoke, free from pain, headache, or other unpleasant symptoms. He has used it subsequently in one or two operations, in cramps, renal calculus, and convulsions. He describes its effects as allaying nervous irritation, spasm, and pain, without deranging the heart's action, and producing a calm anæsthetic sleep.

**GERMAN PHYSICIANS** are using powdered malt as a nutrient for children, in Germany, with considerable confidence and success. Dr. Zieruck, of Berlin, after a comparative analysis, claims that it approximates more closely to the qualities of good human milk, containing a larger amount of phosphates and nitrogenized elements, with more assimilable hyro-carbonic elements in it, than either East India arrow-root, or the *Racahout des Arabes*.

**CHLORATE OF POTASH IN PHTHISIS.**—In connection with our obituary notice of the late Dr. Fountain, we give the following succinct, comprehensive *résumé* of his last paper, in the *American Medical Monthly*, on the subject of the researches which engaged his attention at the time of his death. We give it, also, as presenting a fair sample of the valuable exhaustive brevity with which Dr. Wells condenses the very pith and marrow of lengthy Magazine articles into the pages of his *Summary of Medical Science*:

"*Phthisis—Chlorate of Potash.*—Adopting as his motto a statement of Liebig, that 'oxygen is the leaden weight, or bent spring, which keeps the clock in motion; the inspirations being motions of the pendulum which regulate it,' Dr. Fountain, of Iowa, looks upon the therapeutical indications in tuberculosis and kindred diseases in a simply chemical light, and the treatment is practically reduced to the question, *by what*

and in what manner can we best supply to the system the oxygen which is demanded for the proper performance of its functions, and thereby counteract the deleterious influences resulting from the *imperfect aeration of the blood?*

Dr. Fountain details three cases, which, from all rational and physical signs present, must evidently be considered as tubercular, in which the treatment with chlorate of potash was followed by very satisfactory results. In one case the patient took half an ounce of the chlorate of potash daily for six weeks, and two drachms each day for the succeeding four weeks, and occasionally thereafter in similar quantities. At the time of writing, the man was actively engaged in business, in good strength and flesh, and apparently perfectly well.

The author remarks that, 'though the treatment was purely experimental, it was not empirical; for the chlorate of potash was given on the assumed principle of *conveying oxygen to the blood*, by which a portion of the lungs was expected to be relieved of their task; the vital power of the blood increased, rendered more capable to perform its functions, and by which tubercular deposits might be arrested, and absorption of those already formed promoted.' The author deduces the following conclusions from the case detailed:

1. The chlorate of potash can be given in large doses every day for a long period, without injury.
2. It aids the function of respiration by supplying the blood with oxygen.
3. It operates as a natural *tonic alterative* and *blood depurant*, by increasing the supply of that element which is the most active agent of nature in the chemical changes which take place in the laboratory of the human system."

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**MAXIMS OF MILITARY SURGERY.**—At a time when the entire press, professional and secular, is occupied with the one prevailing topic, and our periodical literature bristles with war-terms and phrases, as the country does with bayonets, we may be pardoned devoting considerable space to the subject of Military Surgery, and to any details of information incident to its study. The following extracts from Surgeon-General Stromeyer's *Maxims of Military Surgery*, originally published in two duodecimo volumes in 1858, and further amplified by an octavo supplement of pp. 150, at the commencement of the present year, will be found valuable as from the most recent contribution to the literature of this specialty. For them, as also for the comments included, we are indebted to the *N. A. Medico-Chirurgical Review*:

"The position of the military surgeon renders it scarcely possible to extend the science of war-surgery, unless he is placed in a hospital station. During a long peace, too, the impressions on the memory are weakened, and partially superseded by more recent occurrences. Dr. Stromeyer does ample justice to the ardent aspirations, so often cruelly disappointed, with which many young men enter the medical service of armies; but it is the duty of a philosopher and a man of business to contemplate things as they are, and to labor after, not what is best in the abstract, but what is obligatory and most useful in the existing state of things. The character of the experience gained, too, varies excessively; and examples are seen of army surgeons who have neglected to practice attendance on the wounded, and have first become familiar with bandaging on an actual field of battle.

In regard to their qualifications for this service, physicians fall into the following classes:—

1. Such as, by the variety of their talents, by their character, their experience in service, and their vigorous health, are competent to every duty.

2. Such as by their vigorous health, by peculiar adroitness in their intercourse with officers and men, are particularly qualified for service among marching troops.

3. Such as are peculiarly qualified for the treatment of in and out patients of hospitals.

4. Such as, from possessing the character of experienced surgeons and operators, are peculiarly qualified for the service of ambulances.

5. Those, whom a peculiar fitness for and inclination to administration, point out for the management of muster-rolls and accounts. A well organized army develops these men; but in a newly-raised body they belong to the exceptions.

6. Those, in fine, who should be got rid of as speedily as possible, as they do no particular honor to their station. On account of such individuals as these, where sudden and large augmentations are made in the numbers of the military medical body, the appointments may be made provisionally.

These qualifications, says Dr. Stromeyer, cannot remain long concealed from an observing chief; and form, in his opinion, a much better basis for appointments in war than the over-estimated rolls of seniority. The latter consideration, when compared with fitness, should, in our author's opinion, be disregarded.

The author believes that in the north of Germany the service has been improved by the decay of the special schools for

military medicine, and the assumption of competent men from the universities."

"Dr. Stromeyer is of opinion that the construction and management of hospitals should be regularly taught in universities by public courses, for the information of the young men in pursuit of medical honors; and that governments would then never experience any difficulty in selecting persons properly qualified to discharge these important duties.

In constructing military hospitals, part of the trouble is saved by the avoidance of the necessity of providing for both sexes. The idea has been relinquished, that it was desirable to assemble great numbers of patients with the same complaints in large wards; those more recently prepared not containing, in general, more than a dozen beds. This Dr. Stromeyer prefers, conceiving that the object of classification requires smaller rooms. In the General Hospital, at Hanover, there are rooms of three sizes; thirteen that contain sixteen beds each, sixteen for four beds, and eleven provided with only one or two apiece. It is difficult to estimate with confidence the relative proportions of mild cases and of the severe ones which any hospital is likely to receive; but by ascertaining the facts from similar institutions, it is not impossible to approximate to this result. The milder cases, for convenience, should be grouped in the larger rooms; but smaller ones are indispensable, from the necessity of separating the severe cases, and frequently of isolating them. The motives for this will sufficiently suggest themselves: silence; freedom from interruption; the necessities of peculiar cares, sometimes unpleasant to others; a peculiar state of the atmosphere, and of light; and lastly, the presence of those very ill or dying, with all the injurious effects upon the minds of those who are ill themselves, and often in a situation really, or in imagination similar. Dr. Stromeyer hence finds it necessary to intersperse the large wards with a sufficient number of smaller rooms to answer these purposes."

"The professor sums up the general impressions which his observations have left on his mind in the following dogmas or propositions, which he submits with great modesty to criticism:

1. The healing art is founded upon the natural history of disease. A good therapeutic method must follow the physiological processes which are disordered in the patient. This includes injuries which are the subject of surgery, and also poisoning.

2. There are no specific remedies. All that appear such should be explained physiologically.

3. Regulations of the mode of life of the patient is the most important problem which is laid before the physician, as it relates to the action of all the stimuli which support and modify life. This is equivalent to diet, in the original Hippocratic sense. (*Foes, sub verbo.*)

4. Medicine should never be given till the mode of life is previously regulated. To practice medicine in foul air, or during the use of improper food, is like making chemical investigations with impure reagents.

5. Drugs should be given when they are necessary or *euphemistic*, and when they are indicated. By the word which we have expressed in italics, we presume that the author means in good repute.

6. A good medicine must be one which will never add to any of the detriments which the patient is liable to suffer in the course of the disease. Such a remedy should be considered faulty or imperfect.

7. The natural history of the disease includes the groundwork of its existence; and this leads to the most noble problem submitted to physicians—the prevention of disease.

Military physicians are more frequently than others in a position to render services of this kind.

‘These maxims,’ says our author, ‘characterize the true physician; and the reverse of them, the quack. Let them be to us words of counsel, beloved as the beautiful constellations that guide the ship through the ocean.’”

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## LECTURES ON MILITARY SURGERY:

DELIVERED DURING THE SUMMER COURSE OF THE MEDICAL  
DEPARTMENT OF LIND UNIVERSITY.

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By E. ANDREWS, A. M., M. D.,

PROFESSOR OF SURGERY; SURGEON TO THE MERCY HOSPITAL; TO THE LIND MEDICAL DISPENSARY, &c.

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### LECTURE FIRST.

War always contemplates the destruction of human life; but, in all civilized nations, measures are taken to alleviate the horrors of combat by attention to the condition of the sick and the wounded. Hence arises the necessity of a medical department in all modern armies.

Among the ancients, we find but faint traces of any systematic organization of military surgery; still, the existence of such a service in the armies of old, and the high value set upon it, is obvious, even from the poetry of Homer.

The objects of a medical department are three in number:

I. To preserve the health of the army, in order that there shall be as many men as possible, at all times, in a condition to fight.

II. To keep up the courage of the troops. Men are reluctant to rush into a fight, if they know that in case of being wounded, they will not be cared for, but left to die on the field.

III. To fulfil the duties of humanity, which require that the terrors of war shall be as much as possible diminished.

In the United States Army, this branch of the service is called the "Medical Department," but the officers of it are denominated Surgeons. Although these men are officially called Surgeons, it must not be supposed that their business is chiefly surgery. During the times of peace their services are almost exclusively medical, and even in war, the wounded are few in number compared with those sick of disease. During the Mexican war, the deaths from disease in our army were seven times as many as the deaths from wounds. Other wars show similar statistics.

The mode of admission to the Medical Department of the army is as follows: For permission to present himself before the Examining Board, application must be made to the Secretary of War, stating the present residence, date and place of birth of the applicant; this application must be accompanied by respectable testimonials of his professional, moral and physical qualifications; and further, the applicant must be between the ages of twenty-one and twenty-five years. It is not requisite that he should be a graduate of any college, as the examiners trust entirely to the results of their own questioning, and give no credit to the testimonial of a diploma. If the Secretary of War grants the request, the applicant will receive an invitation to appear at a certain time and place for an examination. The Board of Examiners



generally consists of three surgeons, appointed from time to time, and who meet, sometimes in one city and sometimes in another, as often as required, for the examination of candidates. It is the object of the Government to secure a superior class of men; hence the examination is very rigid, embracing both the literary and professional qualifications of the candidate. Those who are approved, are notified to return to their homes and await orders, and are called into service as fast as required.

On first entering the army, the medical officers have the title of Assistant Surgeons. This, however, is by no means a well chosen term, insomuch as they are not the mere *assistants* of the Surgeons in the ordinary sense, but simply *Surgeons* of the lowest grade. The Assistant Surgeons have the rank of Lieutenant. After five years of service, they again pass before a Board of Examiners. If found deficient in knowledge, they are dropped from the service; but if not, they are promoted to the grade of "Assistant Surgeons of more than five years service," and are provided with increased pay. After another five years they are again promoted, and in twelve or fifteen years may attain the rank of Surgeon. The Surgeon has the rank of Captain.

At the head of the whole Medical Department is the Surgeon-General, (Dr. Lawson is the present incumbent). The Surgeon-General resides at Washington, and has control of all the matters pertaining to his branch of the service. This position is the highest one attainable, and is generally reached according to the rule of seniority, so that a man can always tell exactly how many men must die before he can reach the highest position.

The pay of the medical officers is as follows:

Surgeon-General, \$2,740 a year.

	Pay per Month.	Allowance for ser- vants, rations, and horses.	Total per Month.
Surgeons of over 10 years service,	\$80 00	\$143 00	\$223 00
" less than " "	80 00	107 00	187 00
Assist't Surgeons of over 10 years service,	70 00	103 50	173 50
" " " 5 "	70 00	67 50	137 50
" " less than 5 "	53 33	67 50	120 83

In case of the officer being stationed where servants, horses, and extra rations are not required, an equivalent for servants' rations and forage for horses may be drawn in money.

In the volunteer forces lately raised by requisition on the States, the rank and pay is the same as in the regular army, but the mode of admission varies according to the law of the States. In Illinois there is a Board of Examiners, consisting of Dr. N. S. Davis, of Chicago; Dr. G. W. Stipp, of Bloomington; Dr. Wm. M. Chambers, of Charleston; Dr. Chas. Ryan, of Springfield; and Dr. Carpenter, of St. Clair County.

All candidates who choose, appear before this Board, and if competent, are recommended for Surgeons or Assistant Surgeons. From the list of persons thus approved, the Colonels of the regiments select one Surgeon and one Assistant Surgeon for each regiment.\*

In Wisconsin, the proper authorities select without examination, such surgeons as they consider suitable.

The Surgeons and Assistant Surgeons are provided by Government with a full assortment of surgical instruments, medicines, and a moderate list of the most necessary books. In certain circumstances, private physicians are temporarily employed by the army, at from thirty to one hundred dollars a month.

The duties of an army surgeon are various, but may be summed up under three heads: 1st, The examination of new recruits; 2d, The arranging and advising about the sanitary care of the army; 3d, The care of the Hospitals and Ambulances.

In examining new recruits the object is to ascertain whether the men are sound and physically competent for service. For this purpose the surgeon must take the recruit into a private room and cause him to strip completely. He then examines his chest, his limbs, and, in fact, his whole body. The recruit must not be below a certain regulation stature. His eyesight must be good, the front teeth, (required in biting cartridges)

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\* This applies only to the six regiments just raised. Colonels of regiments appoint their own Surgeons and Assistant Surgeons for the regiments now organizing, without reference to certificates of qualifications. [See editorial on a preceding page. R.]

must be present; the lungs and heart must be sound; the skin must be free from contagious eruptions; there must be no hernia; and the limbs must be free from ulcers, extensive cicatrices, or any other blemish which would impair their use. Deafness, or any other serious disease, is also ground for rejecting the applicant. The recruiting regulations of different nations, are different. In France it used to be remarked that the rules were rather framed to prevent men who should serve, from evading the duty; while in England and the United States the object seems to be rather to prevent any but the best men from being accepted. In general, therefore, the more anxious a government is to obtain men, the lower will be its standard of quality as given for the guidance of the examining surgeon. In case an involuntary levy of men is made in any community, the surgeon will meet a certain number of feigned diseases, gotten up by the recruit to prevent his enrolment. In these cases, it is necessary for the Surgeon to use all his acuteness and caution lest on the one hand the Government be defrauded of proper men, or on the other it be saddled with useless invalids.

The attempt, in ancient times, to escape military service by surgical mutilation has transmitted a peculiar word even to our times. When the chief arm of service was the bow, the thumb of the right hand was necessary in drawing the string with the arrow. Men who desired to escape the dangers of war therefore cut off their thumb, and thus rendered themselves unable to fight. Hence *pollicè truncata*, or cut thumb, was the term applied to such cowards. This phrase, transmitted through the French language, became first, *pol trone*, and afterwards in English, *poltroon*.

Considerable debate has been excited respecting the relative rank and authority of medical and military officers. Formerly, medical men had no established rank in any civilized army. In France, the Surgeon cannot order even the nurse to obey him, he being supposed only to examine, prescribe, and operate. In England, the medical men have authority, but no rank. In this country they have both rank and authority. The Assistant Surgeons rank as Lieutenants, and

the Surgeons as Captains. Even this late improvement has been a matter of hot dispute. It is contended on the one hand, that to permit the Surgeons to control exclusively the matters of their own department, will set up an independent power in the army, which would come in collision with military plans and prevent efficiency of service. On the other hand it is urged that Surgeons are alone competent to direct in sanitary and medical affairs, and that to refuse them the authority to execute their plans, is to imperil the army by pestilence, and in many instances, to insure its actual failure and disgrace—things which have occurred from this cause many times in history. As to rank, it is claimed that Surgeons on the field of battle, are often exposed to fire, and off from it they face, day by day, the greater dangers of pestilence in crowded hospitals; they are therefore deserving of the reward and stimulus of suitable rank.

In this dispute, the true position appears to be this: First as to executive authority. The chief end of the army is to gain the battle, the campaign, and the war. To this end, in the very nature of military affairs, all questions of life, health and property are subordinate; hence the field officer must be allowed to march his troops into pestilential marshes. If the site of the Hospital is required for a redoubt or a battery, he must have power to remove it, and in all cases, he must be allowed for military reasons, to execute military operations, even though the sanitary interests of the army be, for the time, injured. But in the internal affairs of the Medical Department the Surgeon should have power to enforce his own authority.

In respect to rank, there is no reason why the medical officers should not be put on an equality with those of other branches of the service. Certainly, their knowledge, their skill, the dangers which they incur, and the importance of their functions entitle them to rank with the best.

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JOHN C. DALTON, Jr., M. D., the eminent physiologist, has been appointed Assistant Surgeon to the Seventh New York Regiment.

# A WORK EVERY PHYSICIAN WANTS.

SEE THE ANNEXED LETTER OF THE LATE JOHN W. FRANCIS.

## SUMMARY OF MEDICAL SCIENCES.

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EDITED BY WALTER S. WELLS, M. D.,  
Compiler of the Epitome of Braithwaite's Retrospect.

The first part of the SUMMARY OF MEDICAL SCIENCES will be ready April 1, and will be published semi-annually. Each part will contain about 300 octavo pages of closely printed matter—uniform with "THE EPITOME"—and will be classified and paged for the convenience of binding under the respective headings of—

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